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ABSTRACT

The National Longitudinal Transition Study of Special Education Students (NLTS) provides information to practitioners, policymakers, researchers, and others in the special education community regarding the transition of youth with disabilities from secondary school to early adulthood. The sample for the study, which began in 1987, involves more than 8,000 youth from the national population of special education students in the 1985-86 school year who were at least 13 years old. Data from these students will be collected again in 1990. The primary research questions involve identifying factors that contribute to the effective transition from secondary school to employment, further education, and independent living. This report documents the data collection and data processing procedures used in developing the primary database for the NLTS. Four data components were used to obtain the data specified by the conceptual framework: (1) parent/guardian interviews; (2) data from school records; (3) a survey of secondary special education programs; and (4) survey of non-respondents. The combined database includes data from at least one source for 8,678 youth, 84% of the initial sample. Complete data from the parent interview, school records, and school survey are provided for 4,064 youth. Data collection instruments and accompanying materials are presented in three extensive appendices. (SLD)

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ED316552

THE NATIONAL LONGITUDINAL TRANSITION STUDY OF SPECIAL EDUCATION STUDENTS

Report on Procedures for the First Wave of Data Collection (1987)

December 1989

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Prepared for:

The Office of Special Education Programs
U.S. Department of Education

Prepared by:

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Lynn Newman, School Program Survey Manager
Debra Shaver, School Record Abstract Manager

The National Longitudinal Transition Study of Special Education Students is being conducted by SRI International under Contract 300-87-0054 with the Office of Special Education Programs, U.S. Department of Education.

SRI International

National Longitudinal Transition Study

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CONTENTS

Purposes of the Methodology Report Series 1
Overview of Study Components 2
The Parent/Guardian Interview 4
  Preparation for Interviewing 5
  Interviewing 7
  Data Processing 12
Abstracting Data from School Records 12
  Identifying Schools Attended by Sample Members 13
  Contacts with Districts and Special Schools in the Original Sample 14
  Contacts with Schools Not in Original Districts 15
  Results of Abstractor Recruitment 16
  Data Collection 17
  Results of Data Collection 18
  Data Preparation 18
The School Program Survey 20
  Preparation for Data Collection 20
  Data Preparation 23
The Student Nonresponse Study 25
  Preparation for Data Collection 25
  Data Collection 28
Contents of the Combined Database 29
REFERENCES 31

Appendix A Parent/Guardian Telephone Interview Questionnaire (English)
Parent/Guardian Telephone Interview Questionnaire (Spanish)
Parent/Guardian In-Person Interview Questionnaire
Mail Questionnaire of Youth Outcomes

Appendix B School Record Abstract Form
Abstract Instructions

Appendix C Survey of Secondary Special Education Programs

TABLES

1 Results of Initial Parent Contacts 7
2 Results of Parent Interviews 11
3 Results of School Program Survey 23
4 Student Sample by Handicapping Condition 30

FIGURE

1 Conceptual Framework of Influences on Transition Outcomes of Youth with Disabilities 3

THE NATIONAL LONGITUDINAL TRANSITION STUDY OF SPECIAL EDUCATION STUDENTS

Report on Procedures for the First Wave of Data Collection (1987)

The National Longitudinal Transition Study of Special Education Students was mandated by the U.S. Congress in 1983 to provide information to practitioners, policy-makers, researchers, and others in the special education community regarding the transition of youth with disabilities from secondary school to early adulthood. The Office of Special Education Programs (OSEP) of the U.S. Department of Education contracted with SRI International to develop a design, develop and field test data collection instruments, and select a sample of students for a study that would meet the congressional mandate. In April 1987, under a separate contract, SRI began the actual study.

The sample for the National Longitudinal Transition Study (NLTS) involves more than 8,000 youth representing the national population of secondary special education students in the 1985-86 school year who were at least 13 years old. The sample was drawn so that the study can generalize to 1985-86 secondary special education students, both as a whole and for those in each of the 11 federal disability categories separately. Data were first gathered in 1987 and will be collected for the same youth again in 1990 so that their patterns of experiences through secondary school and into their early adult years can be charted.

The study addresses both descriptive and explanatory research questions. The focus of description is to understand better the patterns of experiences of youth, both in secondary school and in the transition to adulthood. The primary explanatory research questions involve identifying factors that contribute to the effective transition of youth with disabilities from secondary school to employment, further training and education, and independent living. Of particular interest is identifying what schools can do in the way of programming, staffing, organization, or other means to facilitate a successful transition.

Purposes of the Methodology Report Series

The NLTS is unique in the field of special education transition research, both in size and complexity. The diversity of young people included (in terms of age and disability category), the number of data sources accessed, and its national scope all required that the NLTS break new ground in research methodology. To document several aspects of the study methods, the NLTS is producing a series of three reports that describe (1) the sample and the study's design limitations, (2) data collection procedures, and (3) measurement and analysis approaches.

This report documents the data collection and data processing procedures used in developing the primary database* for the NLTS. In doing so, the report is intended to serve two purposes. First, knowing how the data were collected and handled provides a context for various audiences to understand the nature and meaning of the findings the study generates. Also, documenting data collection experiences from a study that is this large and complex can provide useful guidance to other researchers who may be working in the transition arena now or in the future. Establishing comparability of data items and collection procedures between state or local studies and the NLTS can strengthen the confidence in findings synthesized from the many studies of transition going on in special education research.

The next section of this report briefly describes the components of the study. The remaining sections detail each of the components.

Overview of Study Components

NLTS data collection and analyses are guided by a conceptual framework that specifies the main categories of factors that are expected to influence transition outcomes. Because several categories are involved in the conceptual framework, as shown in Figure 1, several sources of information were used to obtain the data needed to elaborate the categories in the framework. For example, data regarding school and district factors and school programs were best collected from school personnel and records, while family characteristics were best reported by parents of youth in the sample.

Four data collection components were designed to obtain the data specified by the conceptual framework:

- ***The parent interview.*** The parents/guardians of sample youth were administered a structured interview by telephone in the summer and fall of 1987 to obtain information on youths' individual and family characteristics; services received; outcomes in the areas of employment, education, and independence; and parent expectations of future achievements.
- ***Abstraction of data from school records.*** School or district staff were recruited in the 1987-88 school year to abstract data from school records for the most recent year youth were in secondary school (either 1986-87 or 1985-86) and to record the data on forms provided by SRI. School record data concerned the disabilities for which youth received special services, grade level in school, educational setting, courses taken, grades received, related services provided, IQ, minimum competency test experiences, and end-of-year status (e.g., dropped out, graduated, promoted to next grade level).

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* The "primary database" refers to data intended to be collected for the full sample and is the database used for most analyses. Additional data will be collected for selected subsamples of youth; procedures for collecting those substudy data are documented in separate reports about the substudies.

7

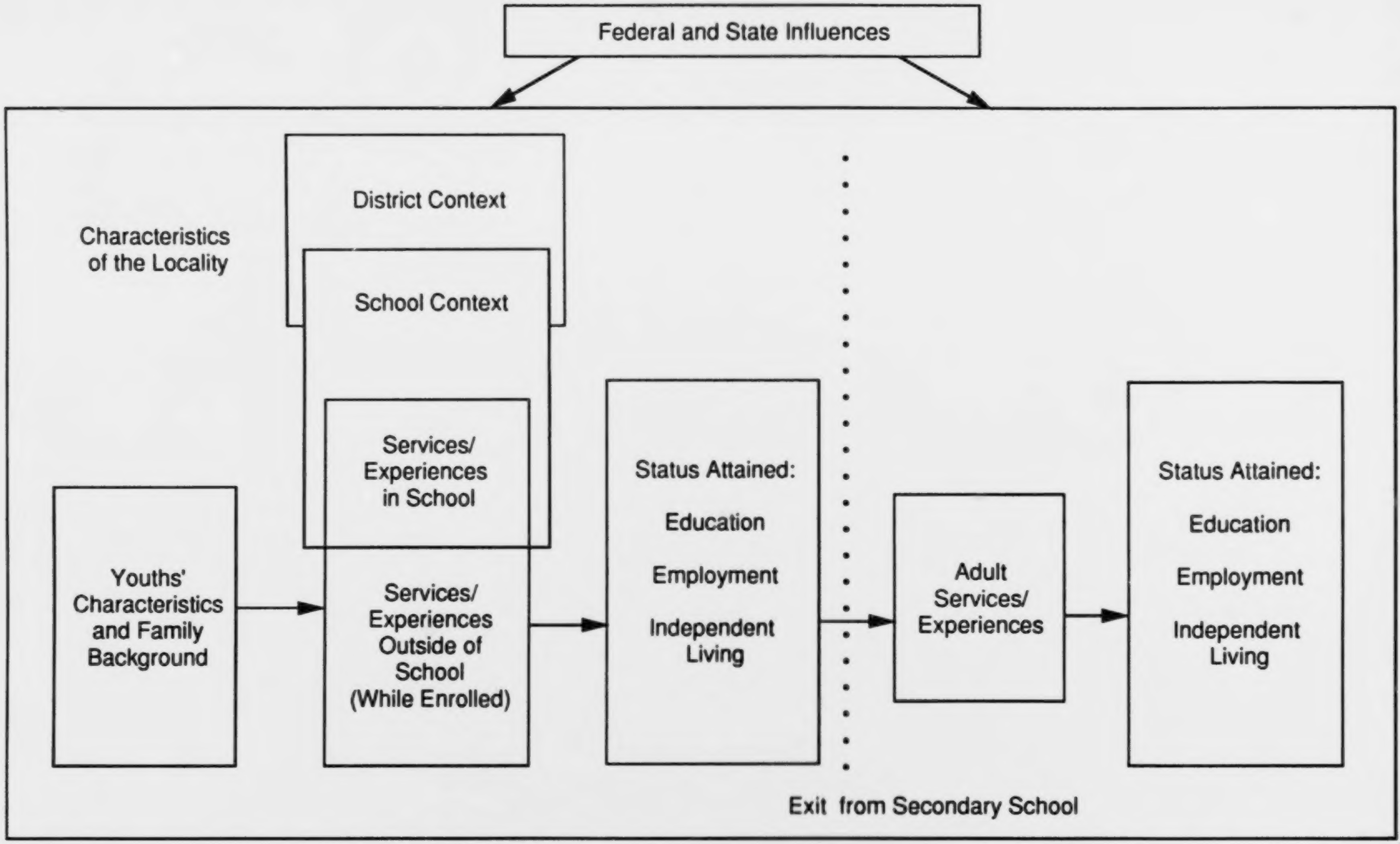
Federal and State Influences
District Context
Characteristics of the Locality
School Context
Services/ Experiences in School
Youths' Characteristics and Family Background
Services/ Experiences Outside of School (While Enrolled)
Status Attained:
Education
Employment
Independent Living
Adult Services/ Experiences
Status Attained:
Education
Employment
Independent Living
Exit from Secondary School

FIGURE 1 CONCEPTUAL FRAMEWORK OF INFLUENCES ON TRANSITION OUTCOMES OF YOUTH WITH DISABILITIES

- ***The survey of secondary special education programs.*** A mail questionnaire was sent to the principals of secondary schools most recently attended by youth in the sample. The first part of the questionnaire related to general characteristics of the school and its student body and was usually completed by the principal. Later sections of the questionnaire related to specific kinds of services and instruction provided to secondary special education students (e.g., life skills training, job skills training) and were usually completed by special education personnel.
- ***The nonresponse study.*** In survey research, there is always a concern that respondents to a survey systematically differ in some way from nonrespondents, thereby introducing bias into the survey data. To determine whether bias existed in the parent/guardian telephone interview data, in-person interviews were conducted with a sample of parents/guardians who had not been reached by telephone. By comparing the sample of nonrespondents with parents/guardians who had responded to the telephone survey, bias in the sample was identified and adjusted for.

Each of these components is described in the following sections. Data collection instruments and accompanying materials are found in the appendices.

The Parent/Guardian Interview

A major component of NLTS data collection involved interviewing the parents or guardians of youth in the sample. The parent/guardian was chosen as the desired respondent, rather than interviewing the youth him/herself, because the interview included sections on family characteristics (e.g., income, head of household's education) and parental expectations for the youth's future, for which the parent was the most appropriate respondent. Because most of the youth in the sample were still in secondary school and living at home at the time of the first data collection, parents were considered accurate respondents for most of the other major topics included in the interview, including the youth's employment and types of services received. Topics that would be addressed most appropriately by the youth him/herself, such as satisfaction with jobs or school activities, measures of self-esteem, or attitudinal issues, were not key issues in the first stage of the study and were not included in the survey. In the second wave of data collection for the full sample (1990), the NLTS design calls for interviewing the youth if the parent/guardian reported that the youth is able to respond to questions by telephone for him/herself. At that point, many more of the youth will be out of school and on their own, making parents less knowledgeable about their adult children's activities. Selecting the youth as the respondent in 1990 will enable the study to address issues, such as job satisfaction, that were not included in wave 1.

This section describes several aspects of the wave 1 parent/guardian interview process, including preparation for data collection, field procedures, and data processing.

Preparation for Interviewing

Instrumentation — The parent/guardian interview questionnaire was developed as part of SRI's NLTS design contract. A draft of the instrument was extensively field tested in 84 interviews with parents in 6 states. After revisions, a smaller pretest was conducted and final versions of the instruments were cleared by the U.S. Department of Education through the federal Office of Management and Budget. A Spanish version of the questionnaire was also developed. Copies of the questionnaire in English and Spanish are included in Appendix A.

Because the study sample involved youth who ranged in age at the time of the interview from 15 to 23 and who represented all 11 federal disability categories, the questionnaire incorporated an extremely complex skip logic. Through this skip logic, questions that were considered inappropriate to a particular youth because of his/her age or disability were omitted from the interview of that youth's parent/guardian. For example, a parent of a youth who was no longer in high school was not asked whether the youth had a work-study job; similarly, a parent of a youth categorized as learning disabled was not asked how well the youth could dress or feed him/herself.

This skip logic reduced the burden and potential irritation to which respondents were subjected. However, it also made the questionnaire too complex to be administered from a hard-copy format. Hence, computer-assisted telephone interviewing (CATI) was used by SRI's telephone interview subcontractor, Chilton Research Services (CRS).

Using CATI, the logic of the questionnaire was computer programmed to be displayed on a computer screen. On the basis of responses to key questions entered into the computer in the early part of the interview, the correct path through the interview was dictated by the computer program so that the next appropriate question automatically appeared on the computer screen in front of the telephone interviewer. Interviewers entered responses to each question directly into the computer as they were received, eliminating the need for later data entry. The program also included limits on the appropriate responses, improving the accuracy of the data entered (e.g., if a "yes-no" question called for only a 1 or a 0 as an entry, the computer did not permit the interviewer to enter a 4).

To test the CATI program implemented by CRS, SRI staff developed 50 "mock" interviews involving youth in all disability categories who represented wide variation in age, family background, and experiences with services and outcomes. CRS entered these hypothetical interviews into the computer to test whether the program processed each case through the interview as expected. Minor changes to the questionnaire and program were made before the final instrument and program were ready for use.

Initial Contacts — Before the telephone interviewing began, a letter was sent to the contact people SRI had worked with in the school districts and schools from which youth were sampled to notify them that the study was about to begin. Similarly, we contacted parents/guardians of sample members to inform them that soon they would be contacted for interviews. Parent names had been supplied by most schools/districts for the students selected from rosters they provided in 1986 (see Javitz, 1990 for more information on the student sample). However, the sampling procedures SRI was forced to follow in 20 of the 300 school districts in the sample limited our ability to contact all parents. In those districts, confidentiality concerns prohibited district staff from giving us a list of names of special education students from which to sample. Instead, those districts provided a roster with an identification number or initials for each student. In these cases, SRI staff selected the sample and informed the district which students were selected (based on their ID number or initials), and the district sent requests to participate to those families. Families who wished to participate returned a signed consent form to SRI that contained their address and telephone number. We were not able to contact families that did not return the consent form. Of the 12,833 students selected for the sample, 1,632 were nonparticipants in the study because their names were never revealed by the districts from which they were sampled and parents did not return a consent form to participate in the study. Thus, the sample was reduced to 11,201 students to be contacted.

Initial contacts with parents involved a letter explaining the study and informing them that they would be called for an interview. A consent form and return envelope were included with the letter giving permission for SRI to gain access to school records. A postcard also was included for parents to use in informing SRI of their current address and telephone number.

In this process, the address information for 636 youth was found to be incorrect with no forwarding address available from the post office and no working telephone number available to call the family to request new address information. For about 700 youth, letters were returned by the post office with a forwarding address indicated, or a telephone call to the parent resulted in obtaining a new address. About 1,600 postcards were returned, resulting in new telephone numbers for about 650 youth. Parents reported the deaths of 43 students selected for the sample. Table 1 summarizes the results of initial parent contacts.

Interviewer Training — Training for the parent/guardian interview occurred during the week of June 15, 1987, at CRS headquarters in Radnor, Pennsylvania. The SRI project director and the manager of field data collection conducted the training with support from the CRS project leader and project manager. Trainees included 53 telephone interviewers (2 were Spanish-speaking) and 17 off-line staff (i.e., supervisors, monitors, managers). Only experienced interviewers were recruited for the project because of the sensitive nature and complexity of the interview.

Table 1
RESULTS OF INITIAL PARENT CONTACTS

Desired sample	12,833 students
No location information provided by school districts	1,632
Inaccurate location information, unable to contact	636
Deceased	43
Total available for interviews	10,369

A training manual, developed jointly by SRI and CRS staff and covering all aspects of the interview process, was distributed for review to each trainee before the training session. It served as a basis for training and was used as a reference tool by interviewers and other staff throughout the field period.

Four daily 5-hour training sessions included presentation of study background information, review of the nature of the disabilities represented in the sample, general interviewing techniques and the special requirements of this particular study, question-by-question review of the instrument, role playing, and practice interviewing. SRI staff monitored early telephone interviews and made corrective suggestions.

A second training session was originally planned for midway through the field period to train replacement staff as attrition reduced the ranks of the original interviewers. However, most interviewers found the project to be quite engrossing and attrition was minimal, eliminating the need for a second training session.

Interviewing

The field period for the parent/guardian interview extended from June 22 to November 8, 1987, although the vast majority of interviews were completed by early September. The interviews had originally been planned for the spring, but delays in government contract activities and clearance of forms pushed the interviews into the summer. This timing resulted in differences in responses to some items from those that probably would have been obtained if interviewing had been done during the school year. For example, the level of employment during the summer may have been higher than levels during the school year for youth still in high school.

Because a major priority of the study was to maximize the number of youth about whom interviews were completed, an unlimited-call rule was implemented. Interviewers made repeated attempts to locate each respondent through the entire field period, rotating the contact attempts through various days of the week and times of day. Completed interviews averaged 26 minutes in length.

Locating Hard-to-Reach Respondents — The process of calling respondents revealed that many youth were lost to the sample because they were no longer at the address or telephone number we had and no new information had been provided in response to our initial contacts. In part, this resulted from the time lapse between sample selection in 1986 and contacts with families made in 1987. The following efforts were undertaken to complete interviews for these youth:

- ***Use of directory assistance.*** For many youth, no telephone number was provided by the district or school from which they were selected, or telephone contact attempts by CRS revealed that the numbers we had were no longer in service or did not reach the desired respondent. In such cases, interviewers used directory assistance in an effort to locate a working telephone number. This process was not as successful as hoped because LEAs often also did not provide the names of the youths' parents (e.g., one northeastern metropolitan school district does not keep parent names as part of district student files). Because parent and youth names often differ, asking directory assistance for a telephone number associated with the youth's last name at the last known address often did not result in finding the needed number. If no new telephone number was found using this method, the names were telecommunicated to SRI for further tracking efforts.

- ***Contacts with LEAs and schools.*** In September 1987, late in the field period, the names of all youth for whom addresses or telephone numbers were missing or inaccurate were sent to the districts/schools from which they had been selected. Districts/schools were asked to provide current information for youth if it was available. If youth were no longer in the district/school, they were asked to provide any available information on each youth's status when he/she left (e.g., the youth had graduated the previous year, the name of the district to which the youth had transferred). More than 200 districts received these requests; about two-thirds responded, providing telephone numbers for 27% of the youth who had been lost to the sample. As updated information was received at SRI, it was telecommunicated to CRS to use in attempting to complete telephone interviews for the youth.

- ***Toll-free telephone number.*** For approximately 1,100 youth, we had an apparently correct address, but no telephone number was provided by the districts from which they were selected, no postcard had been returned by the parents indicating telephone numbers, and directory assistance could not provide numbers. Because this was such a large portion of the total sample, several extra efforts were undertaken to enable telephone interviews to be completed with them. CRS established a toll-free 800 number to be used exclusively to receive calls from parents/guardians who initiated the interview themselves. A postcard was sent to all parents for whom we had no telephone number that provided them with the 800 number and encouraged them to call CRS for an interview. A second postcard was sent after about 3 weeks reiterating that their participation was important and encouraging them again to call. Despite these efforts, only 43 interviews were completed by parents initiating the interview via the toll-free number.

- **_Mail questionnaire._** In a further effort to reach the parents of youth for whom we believed we had correct addresses but missing or inaccurate telephone numbers, we developed a 1-page mail questionnaire that contained items related to key outcome variables (e.g., whether the youth had completed secondary school, had a job; see Appendix C for a copy of this mail questionnaire). At the bottom of the questionnaire was a space for parents to indicate their current address and telephone number. This was mailed late in the field period to 2,150 parents of youth for whom no telephone interview had yet been completed. Completed questionnaires were returned by 323 parents, with about 75% containing a new telephone number. These were telecommunicated to CRS, and telephone interviewers attempted to contact the parents, thanked them for returning the mailed questionnaire, and completed the telephone interview. This process resulted in an additional 121 completed telephone interviews for youth for whom no working telephone number had earlier been available. For the others, the data from the mailed questionnaire were entered into the database as incomplete interviews.

Refusals — Telephone interviews were attempted for all youth for whom location information was available. The one exception involved two districts that prohibited us from contacting parents who had not returned consent forms. Only 334 respondents completely refused to be interviewed, and 208 others refused to complete the interview after they had begun, an extremely low refusal level for survey research.

This low refusal level was due in part to the investment many parents reported feeling in the subject matter of the interview. Also, conversion procedures were attempted for cases in which the respondent gave a general refusal that was considered nonemotional and not related specifically to the NLTS. In such cases, interviewers who were specially trained to convert initial refusals made a second contact with the parent and attempted to persuade him/her to complete the interview.

Identifying the Desired Respondent — The parent, foster parent, adoptive parent, or other legal guardian of sample youth was the desired respondent for the interview. CRS was provided a data file with the names of all sample youth and, when available, the names, addresses, and telephone numbers of their parents/guardians. The youth's age and disability category, as assigned by the district/school from which he/she was selected, were also provided for the majority of cases.

If two parent/guardian names were available on the sample file (e.g., John and Jane Doe), interviewers asked to speak with the female named (see the screening section of the instrument in Appendix C). If only one name was provided, interviewers asked to speak with the named person. When the requested person was available, he/she was asked the following question:

> "Who would be the best adult to talk with about (NAME OF YOUTH) and (his/her) experiences in school?"

If the person identified him/herself as the appropriate respondent, the interview began. If someone else was named, that name was recorded, along with a telephone number, and the interview was attempted with the person named as the best respondent.

The process of identifying the best person to speak with about a particular youth's school and transition experiences often required several telephone contacts before the interview could be completed. In a fairly simple case, the interviewer might reach the father and ask to speak to the mother, who wasn't home. The interviewer would ask the father if he might be the best person to interview; if he said the mother should be interviewed, a callback would be scheduled and attempts made later to reach the mother. In a more complicated case, a youth might no longer live with the foster parents whose names had been provided by the district from which the youth had been selected. A call to those parents would reveal that the youth was no longer in the family, those parents could not tell us about his/her current experiences, and only the social worker knew what family the youth was currently living with. The name and telephone number of the social worker would be requested; a call to the social worker would be made to identify the youth's current family, and then the process of finding the right family member to interview in the new family would begin. In almost 200 cases, no appropriate respondent could be found; these largely involved youth who had left home and for whom no adult was able to report on current experiences.

For almost 90% of interviews, a parent was the respondent, with the mother being the respondent for 78% of interviews.[*] Stepparents or foster parents were respondents in another 3% of interviews. Other relatives were respondents for 5% of cases, and a nonfamily member who was a legal guardian responded for about 2% of youth.

Quality Control During Data Collection — Much of the quality control function for CATI interview data was built into the CATI program. Only preprogrammed responses were allowable, and the skip logic through the interview was controlled by the computer program. Hence, many potential errors in interview administration were avoided.

Interview supervisors monitored telephone interviews throughout the field period. Supervisors had the ability to listen to interviews as they were conducted; approximately 10% of each interviewer's work was monitored in this way. If a difficulty with an item or a particular respondent was detected, the supervisor would review the case with the interviewer after it was completed and suggest corrective action. Another mechanism for raising issues involved the "problem sheet," on which an interviewer would record difficulty in finding a respondent, administering or interpreting the answer to a particular item, or completing the interview. Supervisors reviewed problem sheets daily and resolved issues as appropriate.

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[*] These figures are for the telephone interviews and the in-person interviews done for the nonresponse study, combined.

Debriefing sessions held every two weeks with each shift of interviewers gave a further opportunity to discuss any issues that came up with particular interviewers and reiterate the correct method for dealing with them so that all interviewers took a uniform approach. Various points covered in training were also reiterated as appropriate during these meetings.

Quality control was also exercised through the data editing function. Editors would review each case to ensure that all the materials that should be present for the case were completed; i.e., that "other, specify" items were filled in or that written "verbatim answer sheets" were completed appropriately. Any cases with incomplete information were returned to the interviewer for resolution through callbacks, if necessary.

Results of Interviewing — Table 2 summarizes results of the parent/guardian interviews. Of the 10,369 youth for whom interviews were attempted, interviews were completed for 62% (280 interviews were completed in Spanish). Partial telephone interviews were achieved for 2% and for another 2%, partial information was obtained through the mail survey. Refusals were 3% of the sample. For 2%, no respondent was available, and in 1% of cases, a language barrier other than Spanish resulted in a failure to complete the interview. For 19% of the sample, no correct telephone number was located for the sample member; in the remaining cases, repeated attempts made throughout the field period never reached a respondent at the telephone number we had. There was little variation in response rates among the disability categories of the youth.

Table 2

RESULTS OF PARENT INTERVIEWS

Disposition	**Number**	**Percentage**
Interview completed	6,438	62
Partial telephone interview	220	2
Mail questionnaire returned, no telephone interview	194	2
Respondent refused	332	3
Language barrier (not Spanish)	65	1
No adult could respond about youth	187	2
Nonworking telephone number	1,998	19
Telephone never answered	874	8
Other	55	1
TOTAL	10,369	100

Data Processing

Because the parent/guardian interviews were administered using CATI, most of the data processing was automatic; responses were keyed into the computer as received and machine edit checks screened for out-of-range values and inconsistent responses.

Two kinds of responses were exceptions to this process: responses that did not fit a precoded category and that were entered as "other, specify" and responses to items that were not precoded. In the case of "other, specify" responses, interviewers entered the verbatim response directly into the computer. Weekly, a printout of the verbatim responses was sent to SRI for coding. The coding/editing supervisor reviewed the responses to determine whether they could be coded into one of the precoded responses. If the responses did not fit one of the precoded categories, new categories were developed and used throughout the remainder of the coding process.

Four types of items did not have precoded categories: an item soliciting the name and address of the secondary school last attended, items describing jobs the youth had, an item soliciting the name and location of the youth's Vocational Rehabilitation case manager, and a description of services the youth received from the state Vocational Rehabilitation agency. Responses to these items were recorded verbatim by the interviewer on hard-copy forms that were linked to the CATI interview by the youth's unique identification number and the unique interview number. Forms were sent regularly to SRI for coding. The procedure for coding schools is described in the section on abstracting data from school records. Job descriptions were coded using the U.S. Bureau of the Census Occupational Classification Code system. A sample of each coder's work was reviewed by the coding/editing supervisor to determine intercoder reliability. Items related to Vocational Rehabilitation service providers and services are for later use and have not been coded to date.

All coded items were keypunched, 100% key verified, and merged with the CATI database using the unique student identification number.

Abstracting Data from School Records

One important focus of the NLTS is to describe the school programs of secondary students with disabilities. Information was needed regarding courses youth took; the settings in which they were served; performance indicators, such as grades and minimum competency test outcomes; absenteeism; and supplementary services the youth may have received from the school, such as speech therapy or personal counseling. Because parents are often not aware of these aspects of students' programs in sufficient detail for study needs, a process of gathering information from students' school records was incorporated into the NLTS during the design phase. Field test experience during that phase suggested that recruiting local school staff to provide the information from the school records would result in more accurate information at lower cost than would be obtained if SRI field staff were used in the hundreds of schools identified as attended by sample youth. This section describes the process of obtaining school record information using local school/district staff. The abstract form and instructions are in Appendix B.

Identifying Schools Attended by Sample Members

The student sample contains youth whose most recent year in secondary school was either the 1986-87 school year or the 1985-86 school year. The procedures for identifying the schools most recently attended by youth differed depending on the school year in which the youth were most recently enrolled in secondary school.

Identifying Schools Youth Attended in 1986-87 — After determining in the parent/guardian telephone interviews that youth had been enrolled in secondary school in the 1986-87 school year, parents were asked to identify the names and locations of the most recent secondary schools the students had attended. This information was recorded verbatim by interviewers on hard copy forms, which then were sent to SRI for coding. In the majority of cases, the parents did not provide enough information to allow the schools to be entered directly from these forms into our school-level database. Several steps were taken to clarify incomplete or inaccurate school names or addresses, including:

- ***Using Market Data Retrieval, Curriculum Information Center's State Guides for School Year 1986-1987***. These guides list names, addresses, telephone numbers, and district affiliation for public and private schools in every state. When a school was found in the guide, a unique school identification number was assigned, which included a district identifier so that all public schools could be linked to the district database. The ID number and school information were keypunched and merged into the SRI school-level database.

- ***Using directory assistance***. When a school could not be identified with the school guides, directory assistance for the city the parent said the school was in and/or the city of the parent's residence was contacted. If the telephone number for a school was identified in this way, the school was called to learn the correct mailing address and the school's district affiliation so that a school/district identification number could be assigned and keypunched.

- ***Contacting LEAs and schools from which youth were sampled***. For schools that could not be identified using the preceding two methods, for youth whose parents did not know the school the youth had most recently attended, and for youth for whom an interview had not been completed, the districts from which the youth had been sampled were asked to provide current school information for the youth, if available.

Identifying Schools Youth Attended in 1985-86 — Parents who said youth were not enrolled in secondary school in the 1986-87 school year were not asked what school the youth had attended previously because the original study design did not call for collecting student record or school survey information for those students. However, in the course of interviewing parents, a design change resulted in the need to collect this information for all youth for their most recent school year. To identify the secondary schools most recently attended by youth whose last school year was 1985-86, we reviewed the lists of students provided by districts from which youth had originally been sampled; in many cases, these listed the schools in which students were enrolled in 1985-86. For youth for whom the 1985-86 school was not listed on the roster, we asked the record abstractor recruited for that district to search district records to identify the school the youth had attended.

Verifying School Enrollment — The schools attended by sample members were verified during contacts to districts and schools, as described below. Through this process, we sometimes learned that the school we identified was not the school that the student had attended. Several scenarios resulted in incorrectly coded schools: (1) information from the parent interview was incomplete or inaccurate (parents often reported only a partial name and did not know the street or address); (2) the coder confused the school with another school in the area (e.g., schools with similar names); (3) the school information provided by the interview respondent was for the 1987-88 school year and not the previous school year; (4) a transcription or keypunch error assigned the wrong school identification number to the student file. Often, a check of the verbatim answer sheet from the interview resolved the error. However, in the cases in which we could not identify the correct school, the record abstractor from the student's original district was asked to try to find the student's school records. In fewer than 2% of the cases, the school name given by the parent in the interview could not be linked to any identifiable school.

Contacts with Districts and Special Schools in the Original Sample

In the fall of 1987, a letter describing the school survey and record abstract timeline and procedures was sent to the contact person in each district or special school from which youth were sampled. Contact people were asked to review a list of schools parents reported as attended by sample youth and to verify the school address. A list of youth enrolled in secondary school in 1986-87 for whom no school had been identified was also sent with a request for the contact person to supply the name and address of the school attended by each student. Contacts were also asked to identify one or more abstractors who would be willing and qualified to collect student record information for students in the sample. Respondents were asked to recommend individuals who had familiarity with special education, familiarity with and access to school records, sensitivity to the confidential nature of the task, and a willingness and availability to serve as a record abstractor for the study. Contacts were informed that abstractors would be paid $6.50 per form completed.

Included with the letter was an updated version of a letter from the U.S. Department of Education, Office of the Family Educational Rights and Privacy Act (FERPA), stating that for the purposes of this study, schools could release student information to SRI without violating federal law. We also provided a sample copy of the Student Record Abstract Form. (The abstract form and abstract instructions are in Appendix D.) The contact person was asked to complete an Abstractor Recommendation Form or call SRI to provide the name, title, address, and telephone number of the proposed abstractor(s). A business reply envelope was provided for returning forms to SRI.

Two weeks after the first letter was sent, a follow-up letter with another copy of the Abstractor Recommendation Form and the school and student lists was sent. Telephone calls to nonrespondents began 2 weeks after the follow-up letter was sent. Follow-up calls were made to about 90% of the districts/special schools. The telephone calls were very important in assuaging district and school staff concerns about the data collection process. Two primary concerns included:

- ***Confidentiality of student records.*** Because most district contact people were familiar with the study and knew SRI had contacted parents about their participation in the study, for the majority of original districts and institutions, the FERPA letter was sufficient for collecting student record information. Anticipating that some districts or schools would require parental consent to give access to school records, the design contract for the study included efforts to obtain written parental consent. Consent forms were mailed to parents/guardians of all sample members for whom addresses were available. After repeated mailings and telephone reminder calls, consent forms were obtained for 4,493 students (43% of those with addresses). The FERPA letter did not satisfy the concerns of 19 districts and 3 special schools--in these cases, we sent copies of the signed parent consent forms that were available. Because we did not have parent consent forms for all of the students, the consent form requirement reduced the response rate for the record abstracts from these districts/schools.

- ***Burden on district/school staff.*** One purpose of the follow-up telephone calls was to discuss with district personnel how student record abstract data could feasibly be collected in that district. District staff were encouraged to use as many abstractors as they thought necessary to reduce the burden on any one staff member. In several large districts in which records were decentralized, we made arrangements to recruit an abstractor at each school to reduce the burden on district staff. The $6.50 per form fee, although small, was sufficient compensation for staff in most districts. In three cases, however, we negotiated a higher abstractor fee for staff who felt the burden was too great for the $6.50/form fee.

Contacts with Schools Not in Original Districts

About 400 schools outside the original sample of districts/special schools were identified as serving students in the sample in the 1986-87 school year. If the school was part of a public school district, a letter was sent to the district special education director describing the study and informing him/her that we would be contacting a school in the district about the study. Because in most of these cases, data collection involved only one student (i.e., a student who had moved from one of the original districts in the study to a new district), direct contact with the school was considered the most efficient way to verify school attendance and locate an abstractor.

For all schools not within the original sample of districts/special schools, abstractor recruitment efforts were directed at the school level. A letter was sent to the school principal 2 weeks after the mailing of the school questionnaire (the school survey is described in the next section). The letter reminded respondents to complete the school questionnaire, and it informed the principal about the record abstract process. Enclosed with the letter were a copy of the FERPA letter, a list of the student(s) from the school for whom we were collecting information, a sample Student Record Abstract Form, an Abstractor Recommendation Form, and a business reply envelope. The principal was asked to identify an abstractor and either complete and return the Abstractor Recommendation Form or call us with the information.

Two weeks following this mailing, follow-up telephone contacts to schools began. The caller asked to speak to the principal, but was often referred to the person in charge of special education. The caller explained the purpose of the study and the data collection procedures. In about 30% of the cases, the school contact person requested another copy of the mailings because they had not been received or had been thrown away. The student's attendance at the school was verified during this contact.

Several schools requested that we obtain formal approval from their district office. After communication with the district special education department, formal approval was usually obtained. Because schools and districts newly associated with the study did not have a history of participation in the study, they were more hesitant than original districts to allow access to student records; consequently, a higher percentage of schools from this group than from the original sample required copies of parent consent forms; about 60 schools (15%) required the consent forms.

Results of Abstractor Recruitment

District and school contacts to identify abstractors began in October 1987 and went through May 1988. Abstractors were recruited in 95% of the original districts, 100% of the original special schools, and 80% of the schools not in the original sample of districts. In the majority of districts and schools in which an abstractor was not identified, staff did not explicitly refuse to participate; however, they failed to identify someone who would serve as an abstractor after repeated requests.

Data Collection

When an abstractor was identified, his/her name and location information and a unique identification number were entered into a computer file to begin the tracking process for collecting Student Record Abstract Forms. The first step of this process was sending the abstractor a letter briefly describing the study and the abstracting process and inviting the potential abstractor to help collect student record information. The abstractor was requested to complete and sign a statement of agreement that indicated his/her willingness to perform the work and agreement to keep all information confidential. When abstractors returned the agreement form, it was logged into the computer tracking file. Each week, computer mailing labels were generated for abstractors whose agreement forms were logged in that week. Using these labels, abstractors were sent an abstractor packet. In the last several months of the field period, it was necessary to send the contact letter and materials with the abstractor packet because there was not enough time to send out the first letter, wait for the agreement form, send the abstract packet, and receive the completed forms by the end of the data collection period.

The Student Record Abstract Form was designed to be completed by school or district staff members. Brief instructions for each item were included on the form and were elaborated in accompanying instructions, which also provided the project's toll-free telephone number. Abstractors were encouraged to call project staff to discuss problems or questions.

The abstractor packet included a cover letter giving general instructions for the record abstraction process and the more detailed instruction document. The packet also included a blank abstract form for each student for whom record information was to be collected from that school/district. For each student listed for that school/district, the packet contained a student label (including the student's ID number, name, birth date, name of school and the school year for which data were to be collected). Finally, the packet included a payment form, return envelopes, and consent forms if required.

In cases in which an abstractor was responsible for collecting information about a large number of students, student labels were divided into two groups and priorities were assigned to the groups to avoid overwhelming the abstractors with the large number of forms they were being asked to complete. These abstractors were instructed to place highest priority on Group 1, which included students with completed parent telephone interviews; with an abstract, these students would have complete data on the key items needed for analysis. Abstractors were requested to complete abstract forms for Group 2 if they had time; these were students for whom we did not have a parent interview and, therefore, for whom we would not have complete data even if an abstract was provided. They were informed that they would receive $6.50 for each form completed, regardless of the group the student was in.

Data collection for record abstracts occurred from November 1987 until June 1988. Following the schedule embedded in the computer tracking system, 3 weeks after the abstractors received the abstractor packet, they were sent a reminder postcard; 2 weeks following the postcard, abstractors were called. The caller asked the abstractor whether he/she was having any difficulties, clarified questions, and obtained an estimate of when the abstract forms would be completed. Telephone contact sheets were completed and kept for further contacts with the abstractor. Many abstractors were called numerous times with reminders. Often they were difficult to reach because of teaching or other responsibilities. From January to June, the equivalent of two full-time staff members worked to conduct calls, both to recruit abstractors and to remind them to return forms. Two project staff members were responsible for receiving incoming calls from abstractors. Calls usually concerned questions about particular items on the abstract form, or problems concerning missing or incomplete school records.

Results of Data Collection

Student Record Abstract Forms were returned for 6,241 students, a 60% response rate. Abstract forms were completed for 4,916 youth in school during 1986-87 and 1,325 youth whose last year of school was 1985-86.

The vast majority of the abstractors were able to provide information about the student's primary disability category, grade level in school, and educational setting (e.g., regular education classes, special education classes). Fewer than 2% of the returned abstract forms had missing data for these items. Items with the greatest amount of missing data included the number of days the student was suspended during the school year and the student's most recent IQ score. Item nonresponse for these questions was 28% and 30%, respectively. Nonresponse to other items on the form ranged from 5% to 16%.

Data Preparation

When abstract packets were returned, an SRI staff member checked that all the students for whom the abstractor was responsible were accounted for by a completed form or a written explanation of why a form was not completed. Abstractors who failed to provide a completed form or an explanation were called back to determine why the abstract form was not completed. Abstract forms were logged into the computer tracking file, abstractor payment forms were processed, and completed abstract forms were edited.

An editing/coding manual was developed by SRI staff for the manual coding and editing process. Procedures for editing and coding, as well as item-by-item editing and coding instructions, were included in the manual. Several temporary staff members were hired for this task. In addition to reading the training manual carefully, these individuals participated in a training session led by a project supervisor who reviewed all the material in the training manual, answered questions about the editing and coding process, and gave instructions on what to do when there was a problem with an abstract form. Editor/coders were closely supervised during the beginning of the editing process. After the first several weeks, the supervisor reviewed their work periodically and talked with them frequently about questions that came up.

The first step in the manual editing/coding process was to check to see that answers were legible for keypunching and that the abstractor followed directions correctly (e.g., the right number of codes were circled, the appropriate skip patterns were followed, etc.). Next, the editor looked for systematic errors committed by a particular abstractor (by comparing answers on all the forms completed by that abstractor). The editor then identified forms with items missing and tried to fill in missing information based on information in other parts of the form. For example, some abstractors did not complete item 3, which asked them to identify the student's educational setting, but they completed item 5, which asked for courses in which the student was enrolled and whether they were regular education or special education courses. Sometimes the editor could determine the educational setting(s) from the answers to item 5. If the editor could not determine the answers to key missing items (e.g., the school year for which data were collected, the youth's primary disability category), a project staff member called the abstractor to try to obtain the missing information. Finally, the editor/coder assigned codes to responses written in as "other, specify" on the abstract forms. The coder checked to see whether the response fit into one of the precoded categories. For those that did not, additional codes were developed and used systematically for coding all other forms.

All edits were made in red pencil, and the editor wrote his/her initials on the form so that the supervisor could correct editing errors with the editor, if necessary. Editors were instructed always to check with the supervisor if they were uncertain how to edit a particular item. During the editing process, additional editing rules were developed and documented by the supervisor.

After the forms were manually edited and coded, they were keypunched and 100% key verified. At several stages, data were machine cleaned. The computer program identified inconsistencies (e.g., the abstractor said that special education was the primary setting, but all of the student's courses were listed as regular education courses), unacceptable ranges (e.g., IQ score of 1,000), and missing data that might be obtained from other items on the form (e.g., the setting for a particular class in 5 was left blank, but item 3 indicated all classes were regular education, resulting in filling in regular education as the setting for the missing item). Often, the hard copy of the abstract form was pulled to determine the cause of an error or inconsistency. Because most of the machine cleaning took place after the end of the school year, abstractors could not be reached for callbacks. If apparent discrepancies in data could not be resolved at SRI, values for the problem items and cases were eliminated from the analyses.

The School Program Survey

The Survey of Secondary Special Education Programs was designed to collect information about each youth's secondary school, as well as information about the community in which the school was located. The questionnaire was divided into two parts (see Appendix C). The questions in Section A were background information items about the school's students and staffing; instructions stated that this section was best completed by someone with a school-wide perspective. The remaining sections focused on the school's special education programs and were best completed by someone with a good day-to-day knowledge of these programs. Questionnaires were mailed to principals, who often completed Section A; special education teachers or department heads were common respondents for Section B.

The school program questionnaire had been developed during the study's design phase, field tested at 18 schools in 6 states, and redesigned on the basis of field test experience. The initial design of the questionnaire included separate sections asking about services provided to youth in each of the 11 federal disability categories. This approach proved too burdensome during the field test. In response to the field test, sections asking about school services referred to all special education students at the school, with provision in some items to indicate services provided to youth with specific handicaps. Although less burdensome, this approach was sometimes frustrating to respondents whose schools provided different services to youth with different types of handicaps. Most respondents, however, appeared able to generalize about their secondary special education students as a whole.

Preparation for Data Collection

Advance Contacts — The sample for the school program survey included all secondary schools identified by parents or through other means as serving one or more of the students in the study sample during the 1986-87 school year (see the earlier discussion of methods of identifying schools in which youth were enrolled). The processes of contacting both original districts/schools from which youth were sampled and new schools to which youth had moved since the sample was selected were described in the previous section regarding abstracting information from school records.

Data Collection — In November 1987, school questionnaires were mailed to an initial set of 1,782 "wave A" schools in 150 districts (5 districts requested that the questionnaires be mailed to the district instead of to the schools, with the district then forwarding the questionnaires to the schools). The packet mailed to the schools included a cover letter describing the study and the survey, the questionnaire, and a postage-paid return mailing envelope. There were four types of cover letters: schools in districts originally in the sample received a letter indicating that their school district had been an active participant in the study; schools in new districts received a letter indicating that their district special education director had been contacted about the study; special schools in the original sample received a letter indicating that their school had already agreed to participate in the study; private schools and special schools not in the original sample received a letter describing the study.

We continued to learn about new schools throughout the data collection period from CRS parent interviews conducted after September and through the ongoing school identification procedures described earlier in this report. As we received information about new schools, they were added to the sample and became part of the data collection cycle of informing districts, mailing questionnaires, and conducting follow-ups. As a new school was identified, it was assigned a unique school code and entered into the computer database. On the day the school was entered into the database, if the school was in a new district, a letter was sent to the district describing the study; if the school was in an original sample district or a new school not part of a district, a school survey was sent directly to the school. The mailing date for the district letter or school questionnaire was entered into the computer file.

Logging-In Procedures — As questionnaires were received from the field, they were logged into a computer tracking file. For nonresponding schools, the following return codes were entered into the computer tracking file to indicate that the schools should not receive questionnaire follow-up: (1) school refused, (2) not a secondary school, (3) no sample youth in school (i.e., the wrong school had been identified), (4) the district refused to allow us to include a school in their district in the school survey. Before a school was coded as a refusal or not a secondary school, the school was usually contacted by SRI. This was especially true for elementary schools. The questionnaire title, "Survey of Secondary Special Education Programs," was often misleading to them. Even though they might have had an ungraded special education class of children who were the equivalent age of secondary students, these elementary schools returned the questionnaire with a letter explaining that they were not secondary schools. We called these schools, explained that it had been the parent who had given us the name of the school, and asked whether the sample youth had attended the school in the 1986-87 school year. It usually became apparent that the school was correctly included in our sample, and the questionnaire was returned to the school for completion.

Follow-up Procedures — As described earlier, new schools were continually being identified and added to the school database. Follow-up mailings were based on a school's status in the data collection cycle. Because of the complexity of this type of tracking, computer-generated follow-up procedures were developed for the mail follow-up of nonrespondent schools. Each Friday, labels were computer generated for all schools needing follow-up mailings based on the following timetable:

- Two weeks after the initial survey mailing date, a follow-up postcard was sent to nonrespondent schools.
- Two weeks later, a second copy of the school questionnaire and a cover letter were sent to nonrespondent schools. At the same time, a letter was sent to school districts from which we had not received questionnaires from any school in the district, asking for the district's assistance in encouraging their schools to complete the questionnaire.

In early 1988, follow-up telephone calls to nonrespondent schools were begun. (SRI conducted these with schools that had five or more sample students; CRS conducted the others.) Because the school questionnaire was designed to be completed by two respondents (the principal and special education staff member), callers initially contacted the school's principal to determine the status of the questionnaire and to learn the name of the special education staff respondent. If the principal had already completed section A and had sent the questionnaire to the next respondent, the caller then contacted this special education staff respondent. If the principal had not yet completed section A, the name of the special education staff respondent was entered into the database to be used in future follow-up telephone calls.

The process of follow-up telephone calls continued through the spring, with calls being conducted by both CRS and SRI. These calls were coordinated whenever possible with the record abstract follow-up telephone calls. In May 1988, as the end of the school year drew close, there were still several hundred schools that had not yet returned a completed school questionnaire. In order to at least have school background information on these schools, a telephone version of Section A of the school questionnaire was developed, and telephone interviews were conducted with these nonrespondent schools.

Table 3 summarizes the results of the school program survey mail data collection process for schools attended by students in the 1986-87 school year. Of the 1,810 correctly mailed school questionnaires, 79% were completed and returned. (An additional 101 questionnaires had been incorrectly mailed, either to schools in which there were no sample students enrolled in 1986-87 or to schools that were not secondary schools.) Of the remaining 378 schools that either refused or never returned a completed school questionnaire, partial school background information was collected by telephone for 304 schools.

Table 3

RESULTS OF SCHOOL PROGRAM SURVEY

Disposition	Number	Percentage
Completed mail survey	1,432	79
Did not complete mail survey, but completed telephone survey	304	17
No response to mail or telephone survey	74	4
TOTAL CORRECTLY MAILED	1,810	100

Data from the school survey was linked to the data records of 5,811 youth who attended those schools in the 1986-87 school year.

As a result of a decision in the course of data collection to obtain school record and school survey data for as many youth as possible, including those who were not in school in the 1986-87 school year, we invoked a decision rule to impute school survey information for those students. Following the process described earlier for identifying the schools attended by students whose last school year was 1985-86, when such a school was identified, the school was checked to see whether it was also in the 1986-87 school database. On the assumption that schools do not change very much from year to year, and driven by the need to maximize school-level data, if a 1985-86 school was also in the 1986-87 school database, the values from the 1986-87 school program questionnaire were assigned to the student whose most recent year attended was 1985-86. This resulted in imputing school program data for 957 youth whose last year in secondary school was 1985-86.

Data Preparation

Manual and Computer Editing/Coding — An editing/coding manual was developed by SRI staff for the manual coding and editing process. Procedures for editing and coding, as well as item-by-item editing and coding instructions, were included in the manual. Several temporary staff members were hired for this task. In addition to carefully reading the training manual, these individuals participated in a training session led by a project supervisor, who reviewed the material in the training manual, answered questions about the editing and coding process, and gave instructions on what to do when there was a problem with a school questionnaire. Coders were closely supervised during the beginning of the editing process, with an initial 100% recode of each coder's first 10 cases. Coders whose initial cases reflected apparent misunderstanding of specified coding procedures were retrained on troublesome procedures, and the supervisor recoded each case until performance standards were met. Quality control checks continued throughout the coding operation.

All school questionnaires were reviewed to be sure that answers were legible for keypunch, and that no more than one number was circled unless the item otherwise instructed. All numerical responses were rounded to whole numbers. In addition to this manual editing of the survey, coders were responsible for coding open-ended responses. Several questionnaire items allowed the respondent to choose an "other, specify" category. These responses were reviewed by the coding supervisor and appropriate codes were developed before coder training.

Questionnaires were reviewed for logical consistency. For example, one item asked for the total number of secondary special education students attending the school, and another asked for a breakdown of this total into primary disability categories. Often the totals for these two items did not match. The questionnaires also were reviewed, both during the coding process and during the computer cleaning process, to see that the respondent had followed the appropriate skip patterns.

Quality Control — If inconsistencies or missing data were identified during the manual or computer cleaning processes, telephone calls were made to the schools. Because of the wording of one item, more than 40% of the schools needed to be called. This item asked the respondent to provide the average daily attendance of students at the school. By this we meant the ***number*** of students who usually attended the school on a given day. Although the term "average daily attendance" was clear to our field test schools, more than 40% of the survey respondents interpreted this item as asking for the ***percentage*** of students who usually attended the school. Because the questionnaire did not ask for the total number of students enrolled at the school, we could not use this percentage. School size is an important distinguishing characteristic of schools; having enrollment data was important enough to the analysis to warrant the expense of the callbacks. Other items needing clarification from a given school were discussed at the same time.

Telephone calls to clarify responses could not be made after schools were closed for the summer. At that time, questions about school background information could often be resolved by checking the background information provided in the Market Data Retrieval, Curriculum Information Center's ***State Guides for School Year 1986-1987***. If a question could not be resolved by either a telephone call or checking other sources, the response was eliminated from the database.

The Student Nonresponse Study

Given the large number of sample members for whom no parent interview was conducted because no telephone number could be found, SRI was concerned that bias might exist in the survey data. To determine whether bias existed, SRI subcontracted with the Research Triangle Institute (RTI) to locate and conduct in-person interviews with a subsample of parents/guardians who could not be reached by telephone. By comparing data from the in-person interviews with data from telephone interviews, we could identify whether the telephone nonrespondents differed systematically from telephone interview respondents.

A subsample of youth was selected for the nonresponse study from all those for whom some location information was available, but whose parents/guardians could not be contacted by telephone to participate in the telephone survey. There were four groups of nonrespondents, including those for whom:

(1) The address appeared to be correct, but the telephone number was incorrect; i.e., it did not work or did not reach the desired parent/guardian.

(2) The address appeared to be correct, but there was no telephone number.

(3) The address and telephone number both were incorrect.

(4) The address and telephone number both appeared to be correct, but no one answered the telephone in repeated attempts over the several months of the telephone interview field period.

The nonresponse study sample was located in 28 school districts, selected to maximize the number and representativeness of nonrespondents and the efficiency of contacting them in person. A total of 554 youth were included in the nonresponse study sample.

Preparation for Data Collection

First Contacts in the Community — Interviewers were given the name of someone in the school district office in each community with whom SRI had worked throughout the study. When a trip was scheduled to a community, the interviewer notified SRI's contact person in the school district regarding when he/she would be in the district. On arrival in the community, the interviewer called the contact person to confirm that the interviewer was on site and beginning to attempt to locate students. If interviewers needed to visit schools to find information for particular students, they often found it helpful to mention the name of the contact person or to solicit his/her help in gaining cooperation at the schools.

Locating Respondents On-Site — Interviewers were supplied with a sample sheet for each sample member for whom they were to attempt to complete an interview. It contained key information to help locate the parent and conduct the interview, including the following:

- An identification number for the youth linking him/her to the school district or institution from which he/she was sampled.
- Youth's name.
- Parent/guardian's name.
- Last known address of parent/guardian.
- Last known home telephone number.
- Last known additional telephone numbers for parent/guardian.
- Last known school attended by the youth.
- Code specifying the disability category of the youth.
- Youth's age.
- Status code (e.g., whether nonresponse is due to no telephone number, bad address and telephone, or a nonworking number, whether a written consent form or questionnaire was already returned).

In a few cases, additional information on the youth's school status (e.g., that the youth graduated in 1987) was also provided.

For youth for whom a written consent form had been obtained, a copy was supplied to the interviewer to help in gaining access to records or people who might have information to help locate the family. Interviewers also had copies of the FERPA letter indicating that schools could provide information about students without violating the federal family rights to privacy law. Finally, they had a letter from the SRI project director indicating that they were commissioned by SRI to collect information.

As a first step in locating respondents, interviewers visited the last known address of the youth. Because the telephone number was missing or incorrect for a majority of sample members, interviewers generally did not make a telephone call as a first contact before visiting the home. Three visits were attempted at the home address, if the interviewer believed the address was correct but no one was at home. If the interviewer believed the address was incorrect, neighbors were contacted to attempt to obtain information regarding the new location of the sample youth.

The school last attended by the sample member was also used as a source of information in locating a parent/guardian. Interviewers visited the school, explained the nature of the study, indicated that they had spoken with the district-level contact person, and requested help in finding an address or telephone number for the student.

If school personnel did not have new location information, other possible sources of location information (e.g., an agency providing service to the student) could be identified, often by pulling the student's file. Interviewers attempted to answer the following kinds of questions about the student:

- Had the student moved or left the district? To what town or district had the sample member moved? (A request for a transcript from a new district was often a source of this information).
- Was the student enrolled elsewhere in the district? Where?
- If the student was not enrolled, did a sibling in the school have a file that could be checked for a correct address or telephone number?
- If the student was not enrolled, did he/she graduate, drop out, or age out? This information did not help locate the student but was incorporated into the study database.
- Did the student receive services from an outside agency while he/she was enrolled in that school (e.g., the Department of Mental Health, a job training center, etc.)? The name and location of the agency were noted and contacts were made to locate the student's parent/ guardian.
- What was the parent's or the student's employer while the student was enrolled in school? Follow-up contacts were made with the employer to help in locating the parent/guardian or the youth.
- Were there other students still in the school who were friends of the sample member and who might know where he/she was? Students were telephoned for additional information on the sample member or his/her parent/guardian.
- Were there teachers in the school who might know the whereabouts of the sample member? Interviewers contacted the teachers for additional information on the sample member or his/her parent/guardian.

If the school could not provide helpful information, other sources of information were used, including:

- The local post office.
- Small businesses in the neighborhood where the family might have been known.
- City directories/Polk directories, which list the residents of a city alphabetically and by address, were used to obtain the names and telephone numbers of neighbors near the subject's last known residence and the new resident at the sample member's old address.

Interviewers were instructed, in making inquiries about the sample member, to remember the confidential nature of the study. Only general statements about the need to talk to a family member were given, not specifics of the study. Sample members were never identified as having a disability.

Interviewer Training — Fourteen experienced, professional field interviewers and their supervisors assembled at RTI for a 2-day training session, led jointly by SRI and RTI staff. A training manual was provided to all field staff, which they were to review before the training session. The manual detailed the purposes of the study, procedures for locating respondents, and interviewing techniques. Question-by-question instructions were provided for the parent/guardian questionnaire that the interviewers would be administering.

Training involved reviewing the contents of the training manual regarding locating the nonresponse sample and interviewing procedures appropriate for the study population. Instructions for each questionnaire item were reviewed in detail. Interviewers practiced administering the questionnaire in numerous mock interview sessions.

Data Collection

Instrumentation — The parent/guardian telephone survey questionnaire was adapted for use in an in-person interview. A copy of this in-person parent/guardian survey is included in Appendix A. The contents of the telephone and in-person questionnaires were very similar; differences related largely to questionnaire format. Content changes involved eliminating several questions from the in-person questionnaire because they required complex skip logic that could be handled in the computer-assisted telephone interviewing but was considered difficult for human administration. Interviewers followed the same procedures for identifying the best adult respondent to interview as were used for the telephone interviews (e.g., asking first for the female parent/guardian).

Interviewing — The field period extended from mid-November 1987 through early February 1988. Interviewers spent approximately 1 week in each community locating and interviewing the nonresponse sample members. In two of the largest communities, interviewers actually lived in the communities and worked in them throughout the field period. Interviews lasted approximately 25 minutes. Responses to questionnaire items were recorded directly on the questionnaire; completed questionnaires were sent to RTI regularly for data processing.

Quality Control During Data Collection — Editing by interviewers was the first step in data collection quality control. Interviewers edited each completed questionnaire while still in the respondent's home, checking through the questionnaire for incomplete items or incorrect skip patterns that could be corrected before leaving the home. Later editing by the interviewer involved checking that the student ID number was correctly written on the questionnaire and that all entries were legible. Verification of fieldwork by the field supervisor further ensured that interviews were conducted and that interviewers' behavior was acceptable to respondents.

Results of Data Collection — Of the 554 nonrespondents in the nonresponse substudy sample, interviews were completed with 441, for a completion rate of 80%. The process revealed that the majority of sample members actually lived at the addresses contained in the SRI file, but either had no telephones, had unlisted numbers, or SRI had not been given their number by the original school district.

Data Processing and Analysis — Data from the in-person interviews were checked by editors at RTI for completion and legibility before being keypunched and 100% key verified. Machine cleaning involved checking for out-of-range values and logical inconsistencies within the questionnaires; discrepancies were resolved by referring to the hard-copy questionnaires. In the few cases in which data items were questioned and discrepancies could not be resolved, the data were eliminated from the analyses. Open-ended items (e.g., types of jobs held by youth) were coded at SRI to ensure comparability with the main database.

Analyses of data obtained through in-person interviews revealed that youth who were not reached by telephone differed systematically from the sample of youth interviewed by telephone in that the households of youth in the telephone interview sample were of higher income and had a lower rate of dropping out of secondary school. The in-person and telephone interview samples did not differ systematically on any other data items. Data from in-person interviews were added to the main database, which was reweighted to adjust for the biases identified (sampling and weighting issues and procedures are discussed in detail in Javitz, 1990).

Contents of the Combined Database

Data from the several components of the NLTS have been combined into a single database for analyses, using the unique student identification number to connect data for each student from the parent interview, record abstract, and school survey with the original sample file. Although the response rate for each data collection component was reasonably high, complete data from all three components were obtained for a smaller percentage of sample members. Table 4 indicates the percentages of youth in each federal disability category for whom various combinations of data were obtained.

Data from at least one source are available for 8,678 youth, 84% of the sample of living youth for whom we had location information. However, for only 4,064 (39% of youth available for contact) do we have complete data from the parent interview, school records, and the school survey. Data availability is fairly uniform across the disability categories, ranging from 34% of youth in the emotionally disturbed category to 42% of youth in the visually impaired category having complete data. As mentioned in the discussion of the nonresponse study, and described thoroughly in Javitz (1989), the data are weighted to account for known biases resulting from nonresponse, resulting in a representative sample of youth in each disability category and youth with handicaps as a whole.

Table 4. STUDENT SAMPLE BY HANDICAPPING CONDITION

Status	LD	SED	MR	Speech	Ortho	Deaf	H of H	Blind	D/B	Health	Multi	Total
Number of contacts	1650	1321	1642	893	1060	1275	1372	1318	165	1005	1132	12833
No Further Contact Possible												
Unable to locate	71	70	97	48	54	55	87	64	6	37	47	636
Names not provided by LEA	206	271	55	52	18	139	197	120	0	362	212	1632
Deceased	3	0	5	1	14	0	4	2	3	7	4	43
TOTAL	280	341	157	101	86	194	288	186	9	406	263	2311
(Percentage of total contacts)	17	26	10	11	8	15	21	14	5	40	23	18
Total Youth Available for Contact	1370	980	1485	792	974	940	1072	1132	156	599	869	10369
In Database												
Total youth with any data	1210	814	1249	603	791	940	784	904	113	499	771	8678
(% of youth available for contact)	88	83	84	76	81	100	73	80	72	83	89	84
Total parent interviews*	935	617	900	464	652	779	673	736	88	419	616	6879
(% of youth available for contact)	68	63	61	59	67	83	63	65	56	70	71	66
Total record abstracts	895	557	933	422	560	714	564	652	78	305	561	6241
(% of youth available for contact)	65	57	63	53	57	76	53	58	50	51	65	60
Total school surveys	829	500	787	418	535	706	504	652	77	306	497	5811
(% of youth available for contact)	61	51	53	53	55	75	47	58	49	51	57	56
Total partial parent data**	108	92	119	62	72	62	44	57	13	40	71	740
(% of youth available for contact)	8	9	8	8	7	7	4	5	8	7	8	7
Total partial school survey***	107	71	141	55	57	67	112	90	16	67	78	861
(% of youth available for contact)	8	7	9	7	6	7	10	8	10	11	9	8
Parent interview only	148	107	143	77	119	108	109	87	9	78	100	1085
(% of youth available for contact)	11	11	10	10	12	11	10	8	6	13	12	10
Other single source only	81	84	125	36	55	46	38	56	8	39	52	620
(% of youth available for contact)	6	9	8	5	6	5	4	5	5	7	6	6
Parent interview & partial school survey	30	29	22	18	21	10	20	54	14	28	14	260
(% of youth available for contact)	2	3	1	2	2	1	2	5	9	5	2	3
Parent interview and full school survey	96	70	86	61	54	67	72	76	3	51	65	701
(% of youth available for contact)	7	7	6	8	6	7	7	7	2	9	7	7
Partial parent data and one other source	11	13	9	13	5	8	2	7	2	7	3	80
(% of youth available for contact)	1	1	1	2	1	1	0	1	1	1	0	1
Abstract and survey (part and complete)	122	67	159	57	44	84	45	82	11	21	61	753
(% of youth available for contact)	9	7	11	7	5	9	4	7	7	4	7	7
Part. parent, abstract, survey (full/part)	61	33	56	33	35	23	26	23	4	13	39	346
(% of youth available for contact)	4	3	4	4	4	2	2	2	3	2	4	3
Parent interview, abstract, partial survey	59	33	74	29	33	49	80	29	0	31	53	470
(% of youth available for contact)	4	3	5	4	3	5	7	3	0	5	6	5
Parent interview and abstract	39	44	55	14	25	15	22	20	3	19	43	299
(% of youth available for contact)	3	4	4	2	3	2	2	2	2	3	5	3
Complete data	563	334	520	265	400	530	370	470	59	212	341	4064
(% of youth available for contact)	41	34	35	33	41	56	35	42	38	35	39	39

*Includes in-person and telephone interviews.

**Includes partial telephone interviews, mail questionnaire, and additional items of data obtained from rosters.

***Includes telephone interview of only Part A of school survey.

REFERENCES

Javitz, Harold (1990). *National Longitudinal Transition Study of Special Education Students: Sampling and Weighting for Data Collection, Wave 1 (1987)*. Menlo Park, CA: SRI International.

Appendix A Parent/Guardian Telephone Interview Questionnaire (English)
Parent/Guardian Telephone Interview Questionnaire (Spanish)
Parent/Guardian In-Person Interview Questionnaire
Mail Questionnaire of Youth Outcomes

#3565Q
Chilton Research Services
Radnor, Pennsylvania

Study #7090
July 1, 1987

SRI
PARENT INTERVIEW

Time Dialed ________AM _______PM

Interview #________________

Time Began ________AM _______PM

Time Ended ________AM _______PM

INTRODUCTORY SCRIPT 1

(FIRST CALL ATTEMPT THAT REACHES A RESPONDENT)

S1. Hello. My name is _______ calling for the Stanford Research Institute. May I please speak with (NAME OF PARENT/GUARDIAN ON THE SAMPLE FILE)? (IF THERE ARE 2 NAMES OF PARENT/GUARDIAN (E.G., MR. AND MRS. JOHN JONES OR JOHN AND MARY JONES), ASK FOR THE FEMALE; IF CHILD ANSWERS AND 1st NAME IS UNAVAILABLE, ASK FOR SECOND NAME OR FOR ANOTHER ADULT IN THE HOUSEHOLD. IF THERE IS NO NAME FOR THE PARENT/GUARDIAN ON THE SAMPLE FILE, ASK FOR "the parent/guardian of (YOUTH'S NAME))

		306
GO TO S.3	Available	1
GO TO S.2	Unavailable	2
GO TO CALLBACK	No adult currently available	3
DOCUMENT DISPOSITION ON HARD COPY SAMPLE	No answer/busy/non-working, etc.	4

S2. Perhaps someone else could help me.

S3. I'm calling about a study that the Stanford Research Institute is doing for the U.S. Department of Education about students who have received special services in school. You may have gotten a letter from us about it. (NAME) is in the study. Who would be the best adult to talk with about (NAME) and (his/her) experiences in school? (IF RESPONDENT SAYS HE/SHE DIDN'T GET THE LETTER, SAY SOMETHING LIKE "MAYBE IT HASN'T GOTTEN TO YOU YET" AND CONTINUE. IF RESPONDENTS SAYS YOUTH ISN'T IN SCHOOL ANYMORE, SAY SOMETHING LIKE "We're interested in (NAME'S) experiences when (he/she) was in school" AND CONTINUE).

		307
GO TO CHECKPOINT	Person speaking with	1
CONTINUE TO S.4	Someone else	2
TERMINATE	Never available/doesn't know	3

S4. (PROBE: Could you tell me the name of the person? RECORD NAME OF PERSON, AND ASK TO SPEAK WITH THAT PERSON)

Name of person: 206-35 ______________________________

		308
GO TO S3	Available	1
GO TO CHECKPOINT BEFORE S6	Unavailable	2

CHECKPOINT: IF THERE IS NO NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, ASK S5; IF THERE IS A NAME FOR THE PERSON SPEAKING WITH ON THE SAMPLE FILE, GO TO NEXT CHECKPOINT.

S5. Could you please tell me your name? (RECORD NAME)

Name: 206-35 ______________________________

(NOTE: PERSON REFERRED TO FROM HERE ON AS "DESIRED RESPONDENT" IS PERSON INDICATED IN S3 AS "BEST PERSON TO TALK TO".)

Sex of Respondent 314

CHECKPOINT: IF DESIRED RESPONDENT IS FEMALE, ASK S6. IF DESIRED RESPONDENT IS MALE, GO TO S7. IF INTERVIEWER IS SPEAKING WITH DESIRED RESPONDENT, NEXT QUESTIONS SHOULD REFER TO "you" IF THERE IS A CHOICE OF REFERENT; IF NOT, NEXT QUESTIONS REFER TO "he/she")

S6. What relation (are you/is she) to (NAME)? (IF RESPONSE IS "MOTHER", DO NOT PROBE. CODE AS 01.)

309-10

Mother (includes adoptive mother)	01
Stepmother	02
Foster mother	03
Legal guardian	04
Sister/step sister	05
Aunt	06
Grandmother	07
Other (SPECIFY) ______________	97
Don't know	98

(GO TO CHECKPOINT)

S7. What relation (are you/is he) to (NAME)? (IF RESPONSE IS "FATHER", DO NOT PROBE. CODE AS 01.)

311-12

Father (includes adoptive father)	01
Stepfather	02
Foster father	03
Legal guardian	04
Brother/step brother	05
Uncle	06
Grandfather	07
Other (SPECIFY) ____________________	97
Don't know	98

NOTE: AT THIS POINT THE PARENT/GUARDIAN NAME(S) ON THE SAMPLE FILE AND/OR ANY ADDITIONAL NAME(S) THAT THE INTERVIEWER HAS ENTERED FOR Q.S4 OR Q.S5 WILL APPEAR ON THE SCREEN AND THE INTERVIEWER WILL ENTER THE NAME AND SEX OF THE RESPONDENT FOR THIS INTERVIEW.

CHECKPOINT: IF S4=2, GO TO S9

S8. (BEGIN INTERVIEW)

S9. When could I call back to reach (Name of desired respondent and at what phone number)? (RECORD DATE AND TIME AND PHONE NUMBER FOR CALL BACK. TERMINATE CALL.)

____

INTRODUCTORY SCRIPT 2

(CALL BACK TO REACH DESIRED RESPONDENT IDENTIFIED IN FIRST CALL ATTEMPT)

1. Hello, my name is _________ calling for the Stanford Research Institute. May I please speak with (NAME OF PERSON RECORDED IN ITEM 4 IN FIRST CALL ATTEMPT)?

		313
GO TO 3	Available	1
	Unavailable	2
DOCUMENT DISPOSITION ON HARD COPY SAMPLE	No answer/busy/non-working, etc.	4

2. When could I call back to reach (NAME OF DESIRED RESPONDENT)? (RECORD DATE AND TIME FOR CALL BACK. TERMINATE CALL.)

____

3. I'm calling about a study that the Stanford Research Institute is doing for the U.S. Department of Education about students who have received special services in school. You may have gotten a letter from us about it. (NAME) is in the study and I have a few questions about (NAME) and (his/her) experiences in school. (START INTERVIEW) (IF RESPONDENT SAYS HE/SHE DIDN'T GET THE LETTER SAY SOMETHING LIKE "Maybe it hasn't gotten to you yet" AND CONTINUE.)

A. Individual Characteristics

First I would like to ask you some questions about (NAME).

A1. Is (NAME) male or female? (CIRCLE ONE CODE)

	316
Male	1
Female	2

IF AGE IS ON THE SAMPLE FILE, SKIP TO A2.

A1a. How old is (NAME)? (RECORD AGE GIVEN) ______317-18______

A1b. What is (NAME'S) birthdate? (RECORD MONTH, DAY AND YEAR)

319-20 ____ 21-22 ____ 23-24 ____

Don't know	98

A2. Where does (NAME) live now? (IF ASKED, BY LIVE, WE MEAN THE PLACE (NAME) USUALLY SPENDS AT LEAST 5 NIGHTS A WEEK.) (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ONE CODE)

		325-26
SKIP TO A6	With parent or guardian (non-family member)	01
	Alone	02
	With a spouse or roommate	03
	With another family member other than youth's spouse	04
	In a residential or boarding school other than a college	05
	In a college dormitory	06
	In military housing	07
ASK A3	In a supervised group home	08
SKIP TO A4	In a mental health facility	09
	In a hospital/medical facility or institution for the disabled	10
	In a correctional facility	11
SKIP TO A6	Other (SPECIFY) ______	97
	Don't Know	98

A3. Did someone from (NAME'S) school help (him/her) get into this group home? (CIRCLE ONE CODE)

	327
Yes	1
No	2
Don't Know	8

A4. How long has (NAME) lived there? (ENTER NUMBER OR CIRCLE CODE AS APPROPRIATE)

	330
328-29 days	1
________ weeks	2
________ months	3
________ years	4
Don't Know	98

IF A4   12 MONTHS OR   1 YEAR OR   52 WEEKS, SKIP TO A6

IF YOUTH LIVES IN GROUP HOME (A2 = 8), SKIP TO A6

A5. Is (NAME) getting any of the following kinds of help at this place? Is (he/she) getting . . . (READ LIST) (CIRCLE ONE CODE FOR EACH ITEM)

	Yes	No	Don't Know	
a. Instruction in school subjects, like math or history	1	2	8	3
b. Job training or vocational education	1	2	8	3
c. Help in finding a job	1	2	8	3
d. Speech or language therapy	1	2	8	3
e. Personal counseling or therapy	1	2	8	3
f. Occupational therapy or life skills training (e.g., feeding, dressing, money management)	1	2	8	3
g. A tutor, reader, or interpreter	1	2	8	3
h. Physical therapy or mobility training (e.g., help with walking or wheelchair use)	1	2	8	3
i. Help in getting or using transportation	1	2	8	3
j. Hearing-loss therapy (e.g., lip reading/sign language)	1	2	8	3
k. Special aids such as wheelchairs or hearing aids	1	2	8	3
l. Adaptive physical education or recreation	1	2	8	3

A6a. For what learning problems or other disabilities has (NAME) gotten special services? (CAN READ CATEGORIES 1 THROUGH 11) (PROBE: Has (he/she) had any other learning problems or disabilities?) (CIRCLE ALL THAT APPLY IN COLUMN A)

(IF HANDICAP FILE CODE IS 110 AND THE ONLY DISABILITY NAMED IN A6a IS PREGNANCY (code 38), TERMINATE INTERVIEW.)

b. (IF MORE THAN ONE DISABILITY IN A6a) Which of these has been (NAME'S) main learning problem or disability? (CIRCLE ONE CODE IN COLUMN B)

		343-62 A	363-64 B
SKIP TO A9	Has no problem/disability/not getting special services	00	--
THE ONLY CASE IN WHICH YOUTH IS CONSIDERED MULTIPLY HANDICAPPED IS IF SAMPLE FILE = 100	Learning disability/learning handicap (LD)	01	01
	Emotionally disturbed/behavior disordered (ED, BD, having emotional problems, SED)	02	02
	Mentally retarded (EMR, TMR, SMR, MR)	03	03
	Speech impaired/communication handicapped	04	04
	Hard of hearing/hearing impaired	05	05
	Deaf	06	06
	Partially sighted/visually impaired	07	07
	Completely blind	08	08
	Physically or orthopedically handicapped	09	09
	Health impaired (SPECIFY DISEASE)	10	10
	Deaf and blind	11	11
	Amputation of a limb	12	12
	Aphasia	13	13
	Arthritis	14	14
	Asthma	15	15
	Autism	16	16
	Cancer/Lymphoma/Sarcoma	17	17
	Cerebral palsy (CP)	18	18
	Cystic fibrosis (CF)	19	19
	Developmentally disabled or delayed (DD)	20	20
	Diabetes	21	21
	Downs syndrome	22	22
	Dyslexia (reverses letters when reading)	23	23
	Educationally handicapped (EH)	24	24
	Emphysema	25	25
	Encephalitis	26	26
	Epilepsy	27	27
	Heart disease	28	28
	Hemophilia	29	29
	Hyperactive	30	30
	Leukemia	31	31
	Multiple sclerosis (MS)	32	32
	Muscular dystrophy	33	33
	Neurologically impaired	34	34
	Neurosis	35	35
	Paraplegic or partially paralyzed	36	36
	Polio	37	37
	Pregnancy	38	38
	Psychosis	39	39
	Quadriplegic or completely paralyzed	40	40
	Schizophrenia	41	41
	Spina bifida	42	42
	Stroke	43	43
	Trouble with school subject (e.g., math or reading)	44	44
	"Just slow"	45	45
	Other (SPECIFY)	97	97
SKIP TO A9	Don't Know	98	98

IF A6a IS ONLY 97 (OTHER), POSSIBLE PROBE: Is there a common name for that condition? (INTERVIEWER SHOULD CODE RESPONSE TO PROBE IN CATEGORIES 1 THROUGH 45 IF POSSIBLE)

A7. About how old was (NAME) when (he/she) started having this difficulty? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

365-66	367
Under 1 year	00
______ years of age	1
______ grade level	2
Don't know	98

A8. About how old was (NAME) when (he/she) started getting special services from a professional for this difficulty? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

368-69	370
Under 1 year	00
______ years of age	1
______ grade level	2
Don't know	98

A9. What is (NAME'S) ethnic background? Is (he/she) . . . (READ CATEGORIES, CIRCLE ONE CODE)

		371-72
	Black (NOT HISPANIC)	01
	White (NOT HISPANIC)	02
	Hispanic	03
	American Indian or Alaskan Native	04
	Asian or Pacific Islander	05
DO NOT READ	Other (SPECIFY) ____________________	97
	Don't Know	98

A9a. Does (NAME) usually speak English at home, or does (he/she) usually speak another language? (CIRCLE ONE CODE)

	373
Usually speaks English	1
Usually speaks other language	2
Doesn't speak or use verbal language	3
Don't Know	8

IF YOUTH IS 23 YEARS OLD OR OLDER, CONSIDER THEM OUT OF SCHOOL; GO TO A14.
IF IN INSTITUTION (A2 = 9, 10, or 11) 12 MONTHS OR MORE (A4 = GREATER THAN 12 MONTHS), SKIP TO A16.

A10. Has (NAME) been enrolled in junior or senior high school in the past 12 months? (CIRCLE ONE CODE)

374

Yes	1
No	2
Don't Know	8

IF A10 = 1 AND A6a = 00 AND SAMPLE FILE SAYS NO DISABILITY THEN SKIP TO A12.
IF A10 = 1 AND A2 = 6 OR 7, SKIP TO A13.
IF A10 = 1 AND A2 IS OTHER THAN 6 OR 7, SKIP TO A12.
IF A10 = 2 OR 8 AND:
IF YOUTH LIVES IN COLLEGE DORM (A2 = 6), SKIP TO CHECKPOINT.
IF YOUTH IS IN MILITARY (A2 = 7), SKIP TO A14.
IF PARENT SAYS YOUTH HAS NO DISABILITY (A6a = 0), SKIP TO A14.

A11. In the past 12 months has (NAME) been enrolled in a special school? By special school we mean a school for students with learning problems or other disabilities who are of junior or senior high school age. (CIRCLE ONE CODE)

375

Yes	1
No	2
Don't Know	8

IF A10 AND A11 ARE BOTH 2 OR 8, SKIP TO A14.

A12. Is (NAME) now enrolled or will she/he be enrolled in the fall in (junior or senior high/this special) school? (CIRCLE ONE CODE)

376

Yes	1
No	2
Don't Know	8

IF A12 = 1, A13 REFERS TO SCHOOL "NOW ENROLLED IN"; IF A12 IS 2 OR 9 AND A10 OR A11 = 1, A13 REFERS TO SCHOOL "HAS BEEN ENROLLED IN".

A13. What is the name of the school that (NAME) (is now/or has been enrolled in the past twelve months?) (ENTER NAME OF SCHOOL AND LOCATION ON PINK VBA SHEET. PROBE FOR LOCATION: e.g., Where is that located?)

Name of school: ______________________________ VBA

Location: ______________________________
Street address City/State

IF A12 = 1 SKIP TO B1

A14. Did (NAME) graduate, voluntarily leave school, was (he/she) suspended or expelled or is (he/she) older than the school age limit? (CIRCLE ONE CODE)

		377
GO TO B1	Graduated	1
ASK A15	Left voluntarily/dropped out	2
SKIP TO A16	Temporarily suspended	3
	Permanently expelled	4
GO TO B1	Older than age limit	5
SKIP TO A16	Don't Know	8

SP. 378 379-80=03

A15. What were (his/her) reasons for leaving school? (CIRCLE ALL THAT APPLY)

	406-15
Got married	01
Got pregnant or had a child	02
Poor grades/not doing well in school	03
Wanted/needed to find a job	04
Offered a job, chose to work	05
Wanted to enter military	06
Moved	07
Didn't like school	08
School too dangerous	09
Wanted to travel	10
Friends were dropping out	11
Didn't get into the program he/she wanted	12
Illness/disability	13
Couldn't get along with teachers	14
Couldn't get along with other students	15
Couldn't get childcare	16
Trouble getting or using transportation	17
Other (SPECIFY) ____________________	97
Don't Know	98

A16. Do you think (NAME) will be going to a junior or senior high school or a special school in the next 12 months? (IF ASKED, BY SPECIAL SCHOOL WE MEAN A SPECIAL SCHOOL FOR THE DISABLED OF JUNIOR OR SENIOR HIGH SCHOOL AGE.) (CIRCLE ONE CODE)

		416
SKIP TO B1	Yes	1
	No	2
	Don't Know	8

INTERVIEWER CHECKPOINT:
IF YOUTH IS IN CORRECTIONAL, MEDICAL, OR MENTAL HEALTH FACILITY (A2 = 09 THROUGH 11) 12 MONTHS OR 52 WEEKS, GO TO H8. OTHERWISE, CONTINUE.

B. Services

B1. Has (NAME) ever had training in job skills, career counseling, help in finding a job, or any other vocational education? (IF ASKED THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND) (CIRCLE ONE CODE)

		417
	Yes	1
SKIP TO B7	No	2
	Don't Know	8

B2. For about how long has (he/she) had this job training or help? (ENTER NUMBER OR CIRCLE CODE)

418-20 421

________ semesters	
________ quarters	
________ courses	

________ days	1
________ weeks	2
________ months	3
________ years	4
Don't Know	98

B3. Has (NAME) had any of this job training or help in the past 12 months? (CIRCLE ONE CODE)

		422
	Yes	1
SKIP TO B7	No	2
	Don't Know	8

B4. Who has given this job training or help in the past 12 months? (PROBE: Anyone else?) (OK TO READ CATEGORIES IF NECESSARY) (CIRCLE ALL THAT APPLY)

423-32

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A family member or friend	03
Youth's employer (other than military)	04
The Vocational Rehabilitation agency	05
Another service agency (SPECIFY) ______________________	06
A 2-year, junior, or community college	07
A trade or technical school	08
4-year college or university	09
The military	10
Other (SPECIFY) ______________________	97
Don't Know	98

5. What kinds of job training or help has (NAME) had in the past 12 months? Has (he/she) had . . . (READ LIST, CIRCLE ONE CODE FOR EACH CATEGORY)

		Yes	No	Don't Know
	Testing to find out (his/her) work interests or abilities	1	2	8
	Training in specific job skills, like car repair or food service	1	2	8
	Training in basic skills needed for work, like counting change, telling time, or using transportation to get to work	1	2	8
	Career counseling (like help in figuring out jobs (NAME) might be suited to)	1	2	8
	Help in finding a job or learning to look for one	1	2	8
DO NOT READ	Other (SPECIFY) ______________________	1	2	8

For QB6, QB11, QB16, QB21, QB26, QB31, and QB40, there are two mutually exclusive screens available to the interviewer. The particular screen that appears is dependent on the response(s) given by the respondent in QB4, QB10, QB15, QB20, QB25, QB30, and QB41, respectively.

QB6a. Thinking about the last 12 months, for about how long did (NAME) receive job training from (source named in QB4)?

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB6 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED JOB TRAINING DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB4).

(Possible probes for school based job training programs, "Did the job training continue for the entire school year? For one semester? If the school is a special school, a trade school, or another school ask "How many months of the year does (NAME) go to this school? Did (NAME) receive job training for that entire period? (Record the duration (length of time) below).

439-41 442

Total Number of	Days	1	that job training was received the last 12 months equaled ______
	Weeks	2	
	Months	3	
	Quarters (max. allowed = 4 quarters)	4	
	Semesters (max. allowed = 2 semesters)	5	Don't Know/Not Sure 998

QB6b. During this period, that is (duration mentioned QB6a) about how many hours per day/week/month did the job training take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB6 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID JOB TRAINING OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received job training two hours each week during (the length of time mentioned for duration above) (Record the frequency of time below)

443-44 445

TOTAL NUMBER OF HOURS PER		Day	1	that job training was received during period mentioned above equaled ______
	DO NOT USE IF Q. B6a LESS THAN 7 DAYS	Week	2	
		Month	3	

Don't Know/Not Sure 998

(IF THERE ARE TWO OR MORE PERIODS OF ACTIVITY FROM ONE SOURCE, THE INTERVIEWER WILL KEY IN A SPECIAL CODE AND THE SCREEN WILL REVERT TO THE MULTIPLE RESPONSE MODE)

In the case of two or more responses or two or more periods of activity from one source to QB4 the following screen will appear.

- Go to the Special Work Sheet
- Complete 1 Special Work Sheet for each of the following sources (or for each period of activity from a single source).

(FIRST RESPONSE GIVEN TO QB4)

(SECOND RESPONSE GIVEN TO QB4)

ETC.

QB6a. During the last 12 months for about how long did (NAME) receive job training from (first/second/etc. response mentioned above)

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB6 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED JOB TRAINING DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB4).

(Possible probes for school based job training programs, "Did the job training continue for the entire school year? For one semester? If the school is a special school, a trade school, or another school ask "How many months of the year does (NAME) go to this school? Did (NAME) receive job training for that entire period? (Record the duration (length of time) on the Special Work Sheet for this response).

QB6b. During this period, that is (duration mentioned QB6a), about how many hours per day/week/month did the job training take place?

NTERVIEWER: THE PURPOSE OF THIS PART OF QB6 IS TO ASCERTAIN THAT WITHIN THE DURATION OF IME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID JOB TRAINING OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received job training two hours each week during (the length of time mentioned for duration above) (Record the frequency of time on the Special Work Sheet for this response)

B7. Has (NAME) ever had speech or language therapy? (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND) (CIRCLE ONE CODE)

		446
	Yes	1
SKIP TO B12	No	2
	Don't Know	8

B8. Overall, would you say (NAME) has had speech or language therapy for . . . (READ CATEGORIES, CIRCLE ONE CODE)

		447
	Just a few days	1
	A few weeks	2
	A few months	3
	About a year	4
	Several years, or	5
	Most of (his/her) life	6
DO NOT READ	Don't Know	8

B9. Has (NAME) had any speech or language therapy in the past 12 months? (CIRCLE ONE CODE)

		448
	Yes	1
SKIP TO B12	No	2
	Don't Know	8

B10. Who has given (NAME) speech or language therapy in the past 12 months? (PROBE: Anyone else?) (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ALL THAT APPLY)

	449-58
Youth's junior or senior high school	01
A special secondary school for the disabled	02
A post-secondary education institution (e.g., college, jr. college)	03
A private therapist	04
The Vocational Rehabilitation agency (VR, Voc Rehab)	05
Another service agency (SPECIFY) ____________	06
A family member or friend	07
Other (SPECIFY) ______________________	97
Don't Know	98

QB11a. Thinking about the last 12 months, for how long did (NAME) receive speech or language therapy from (source named in QB10)?

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB11 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED SPEECH OR LANGUAGE THERAPY DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB10).

(Possible probes for school based speech or language therapy programs, "Did the speech or language therapy continue for the entire school year? For one semester? If the school is a special school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive speech or language therapy for that entire period? (Record the duration (length of time) below).

459-61 462

Total Number of

Days	1
Weeks	2
Months	3
Quarters (max. allowed = 4 quarters)	4
Semesters (max. allowed = 2 semesters)	5

that speech or language therapy was received the last 12 months equaled ________________

Don't Know/Not Sure 998

QB11b. During this period, that is (duration mentioned QB11a) about how many hours per day/week/month did the speech or language therapy take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB11 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID SPEECH OR LANGUAGE THERAPY OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received speech or language therapy two hours each week during (the length of time mentioned for duration above) (Record the frequency of time below)

463-64 465

TOTAL NUMBER OF HOURS PER		Day	1
	DO NOT USE IF Q.B6a LESS THAN 7 DAYS	Week	2
		Month	3

that speech or language therapy was received during period mentioned above equaled ____________

Don't Know/Not Sure 998

(IF THERE ARE TWO OR MORE PERIODS OF ACTIVITY FROM ONE SOURCE, THE INTERVIEWER WILL KEY IN A SPECIAL CODE AND THE SCREEN WILL REVERT TO THE MULTIPLE RESPONSE MODE)

In the case of two or more responses or two or more periods of activity from one source to QB10 the following screen will appear.

- Go to the Special Work Sheet
- Complete 1 Special Work Sheet for each of the following sources (or for each period of activity from a single source).

(FIRST RESPONSE GIVEN TO QB10)

(SECOND RESPONSE GIVEN TO QB10)

ETC.

QB11a. During the last 12 months for about how long did (NAME) receive speech or language therapy from (first/second/etc. response mentioned above)

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB11 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED SPEECH OR LANGUAGE THERAPY DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB10).

(Possible probes for school based speech or language therapy programs, "Did the speech or language therapy continue for the entire school year? For one semester? If the school is a special school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive speech or language therapy for that entire period? (Record the duration (length of time) on the Special Work Sheet for this response).

QB11b. During this period, that is (duration mentioned QB11a), about how many hours per day/week/month did the speech or language therapy take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB11 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID SPEECH OR LANGUAGE THERAPY OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received speech or language therapy two hours each week during (the length of time mentioned for duration above) (Record the frequency of time on the Special Work Sheet for this response)

B12. Has (NAME) ever had any personal counseling or therapy? (IF ASKED, WE MEAN PSYCHOLOGICAL COUNSELING, MENTAL HEALTH SERVICES, DRUG ABUSE THERAPY, OR GROUP COUNSELING) (THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND) (CIRCLE ONE CODE)

		466
	Yes	1
SKIP TO B17	No	2
	Don't Know	8

B13. Overall, has (NAME) had personal counseling or therapy for . . . (READ CATEGORIES, CIRCLE ONE CODE)

		467
	Just a few days	1
	A few weeks	2
	A few months	3
	About a year	4
	Several years, or	5
	Most of (his/her) life	6
DO NOT READ	Don't Know	8

B14. Has (NAME) had any personal counseling or therapy in the past 12 months? (CIRCLE ONE CODE)

		468
	Yes	1
SKIP TO B17	No	2
	Don't Know	8

B15. Who has given (NAME) personal counseling or therapy in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

	469-78
Youth's junior or senior high school	01
A special secondary school for the disabled	02
A family member or friend	03
A private therapist	04
The Vocational Rehabilitation agency (VR, Voc Rehab)	05
Another service agency (SPECIFY) ____________	06
A 2-year, junior, or community college	07
A trade or technical school	08
4-year college or university	09
The military	10
Other (SPECIFY) ______________________	97
Don't Know	98

479-80 = 04

QB16a. Thinking about the last 12 months, for how long did (NAME) receive personal counseling or therapy from (source named in QB15)?

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB16 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED PERSONAL COUNSELING OR THERAPY DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB15).

(Possible probes for school based personal counseling or therapy programs, "Did the personaly counseling or therapy continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive personal counseling or therapy for that entire period? (Record the duration (length of time) below).

506-08 509

Total Number of

Days	1
Weeks	2
Months	3
Quarters (max. allowed = 4 quarters)	4
Semesters (max. allowed = 2 semesters)	5

that personal counseling or therapy was received the last 12 months equaled ____________

Don't Know/Not Sure 998

QB16b. During this period, that is (duration mentioned QB16a) about how many hours per day/week/month did the personal counseling or therapy take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB16 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID PERSONAL COUNSELING OR THERAPY OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received personal counseling or therapy two hours each week during (the length of time mentioned for duration above) (Record the frequency of time below)

510-11 512

TOTAL NUMBER OF HOURS PER		Day	1
	DO NOT USE IF Q. B6a LESS THAN 7 DAYS	Week	2
		Month	3

that personal counseling or therapy was received during period mentioned above equaled ____________

Don't Know/Not Sure 998

(IF THERE ARE TWO OR MORE PERIODS OF ACTIVITY FROM ONE SOURCE, THE INTERVIEWER WILL KEY IN A SPECIAL CODE AND THE SCREEN WILL REVERT TO THE MULTIPLE RESPONSE MODE)

In the case of two or more responses or two or more periods of activity from one source to QB15 the following screen will appear.

- Go to the Special Work Sheet
- Complete 1 Special Work Sheet for each of the following sources (or for each period of activity from a single source).

(FIRST RESPONSE GIVEN TO QB15)

(SECOND RESPONSE GIVEN TO QB15)

ETC.

QB16a. During the last 12 months for about how long did (NAME) receive personal counseling or therapy from (first/second/etc. response mentioned above)

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB16 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED PERSONAL COUNSELING OR THERAPY DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB15).

(Possible probes for school based personal counseling or therapy programs, "Did the personal counseling or therapy continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive personal counseling or therapy for that entire period? (Record the duration (length of time) on the Special Work Sheet for this response).

QB16b. During this period, that is (duration mentioned QB16a), about how many hours per day/week/month did the personal counseling or therapy take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB16 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID PERSONAL COUNSELING OR THERAPY OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received personal counseling or therapy two hours each week during (the length of time mentioned for duration above) (Record the frequency of time on the Special Work Sheet for this response)

B17. Has (NAME) ever had any occupational therapy or other instruction in life skills, other than from family members or friends? Life skills instruction might include learning to manage money or learning cooking or housekeeping skills. Occupational therapy might include help in learning feeding, dressing, toileting, or grooming. (CIRCLE ONE CODE)

		513
	Yes	1
SKIP TO B22	No	2
	Don't Know	8

B18. For about how long has (NAME) had occupational therapy or life skills training? (ENTER INFORMATION OR CIRCLE CODE)

514-516 517

________ semesters	
________ quarters	
________ courses	

________ days	
________ weeks	
________ months	
________ years	
Don't Know	98

B19. Has (NAME) had any occupational therapy or life skills training, other than from family members or friends, in the past 12 months? (CIRCLE ONE CODE)

518

	Yes	1
SKIP TO B22	No	2
	Don't Know	8

B20. Who has given (NAME) occupational therapy or life skills training in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

519-28

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A 2-year, junior, or community college	03
The Vocational Rehabilitation agency (VR, Voc Rehab)	04
Another service agency (SPECIFY) ________	05
A trade or technical school	06
4-year college or university	07
The military	08
A private occupational therapist	09
Other (SPECIFY) ________	97
Don't Know	98

QB21a. Thinking about the last 12 months, for how long did (NAME) receive occupational therapy or life skills training from (source named in QB20)?

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB21 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED OCCUPATIONAL THERAPY OR LIFE SKILLS TRAINING DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB20).

(Possible probes for school based occupational therapy or life skills training programs, "Did the occupational therapy or life skills training continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive occupational therapy or life skills training for that entire period? (Record the duration (length of time) below).

529-31 532

Total Number of

Days	1
Weeks	2
Months	3
Quarters (max. allowed = 4 quarters)	4
Semesters (max. allowed = 2 semesters)	5

that occupational therapy or life skills training was received the last 12 months equaled ________

Don't Know/Not Sure 998

QB21b. During this period, that is (duration mentioned QB21a) about how many hours per day/week/month did the occupational therapy or life skills training take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB21 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID OCCUPATIONAL THERAPY OR LIFE SKILLS TRAINING OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received occupational therapy or life skills training two hours each week during (the length of time mentioned for duration above) (Record the frequency of time below)

533-34 535

TOTAL NUMBER OF HOURS PER		Day	1
	DO NOT USE IF Q. B6a LESS THAN 7 DAYS	Week	2
		Month	3

that occupational therapy or life skills training was received during period mentioned above equaled ______

Don't Know/Not Sure 998

(IF THERE ARE TWO OR MORE PERIODS OF ACTIVITY FROM ONE SOURCE, THE INTERVIEWER WILL KEY IN A SPECIAL CODE AND THE SCREEN WILL REVERT TO THE MULTIPLE RESPONSE MODE)

In the case of two or more responses or two or more periods of activity from one source to QB20 the following screen will appear.

- Go to the Special Work Sheet
- Complete 1 Special Work Sheet for each of the following sources (or for each period of activity from a single source).

(FIRST RESPONSE GIVEN TO QB20)

(SECOND RESPONSE GIVEN TO QB20)

ETC.

QB21a. During the last 12 months for about how long did (NAME) receive occupational therapy or life skills training from (first/second/etc. response mentioned above)

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB21 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED OCCUPATIONAL THERAPY OR LIFE SKILLS TRAINING DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB20).

(Possible probes for school based occupational therapy or life skills training programs, "Did the occupational therapy or life skills training continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive occupational therapy or life skills training for that entire period? (Record the duration (length of time) on the Special Work Sheet for this response).

QB21b. During this period, that is (duration mentioned QB21a), about how many hours per day/week/month did the occupational therapy or life skills training take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB21 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID OCCUPATIONAL THERAPY OR LIFE SKILLS TRAINING OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received occupational therapy or life skills training two hours each week during (the length of time mentioned for duration above) (Record the frequency of time on the Special Work Sheet for this response)

B22. Has (NAME) ever had a tutor, a reader to help (him/her) understand written material, or an interpreter to help (him/her) communicate? (IF ASKED, This could include help from a family member or friend.) (CIRCLE ONE CODE)

536

	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

B23. Overall, has (NAME) had help from a tutor, reader, or interpreter for . . . (READ CATEGORIES, CIRCLE ONE CODE)

		537
	Just a few days	1
	A few weeks	2
	A few months	3
	About a year	4
	Several years, or	5
	Most of (his/her) life	6
DO NOT READ	Don't Know	8

B24. Has (NAME) had any help from a tutor, reader, or interpreter in the past 12 months? (CIRCLE ONE CODE)

		538
	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

B25. Who has been (NAME'S) tutor, reader, or interpreter in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

	539-48
A family member or friend	01
Another student	02
Staff from the junior or senior high school	03
Staff from a special secondary school for the disabled	04
Staff from a 2-year, junior, or community college	05
Staff from a trade or technical school	06
Staff from a four year college or university	07
Someone from an agency	08
Someone from the military	09
Other (SPECIFY) ____________________	97
Don't Know	98

QB26a. Thinking about the last 12 months, for how long did (NAME) receive help from a tutor, reader, or interpreter from (source named in QB25)?

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB26 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED HELP FROM A TUTOR, READER, OR INTERPRETER DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB25).

(Possible probes for school based help from a tutor, reader, or interpreter programs, "Did the help from a tutor, reader, or interpreter continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive help from a tutor, reader, or interpreter for that entire period? (Record the duration (length of time) below).

549-51 552

Total Number of

Days	1
Weeks	2
Months	3
Quarters (max. allowed = 4 quarters)	4
Semesters (max. allowed = 2 semesters)	5

that help from a tutor, reader, or interpreter was received the last 12 months equaled ______

Don't Know/Not Sure 998

QB26b. During this period, that is (duration mentioned QB26a) about how many hours per day/week/month did the help from a tutor, reader, or interpreter take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB26 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID HELP FROM A TUTOR, READER, OR INTERPRETER OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received help from a tutor, reader, or interpreter two hours each week during (the length of time mentioned for duration above) (Record the frequency of time below)

553-54 555

TOTAL NUMBER OF HOURS PER		Day	1
	DO NOT USE IF Q. B6a LESS THAN 7 DAYS	Week	2
		Month	3

that help from a tutor, reader, or interpreter was received during period mentioned above equaled ______

Don't Know/Not Sure 998

(IF THERE ARE TWO OR MORE PERIODS OF ACTIVITY FROM ONE SOURCE, THE INTERVIEWER WILL KEY IN A SPECIAL CODE AND THE SCREEN WILL REVERT TO THE MULTIPLE RESPONSE MODE)

In the case of two or more responses or two or more periods of activity from one source to QB25 the following screen will appear.

- Go to the Special Work Sheet
- Complete 1 Special Work Sheet for each of the following sources (or for each period of activity from a single source).

(FIRST RESPONSE GIVEN TO QB25)

(SECOND RESPONSE GIVEN TO QB25)

ETC.

QB26a. During the last 12 months for about how long did (NAME) receive help from a tutor, reader, or interpreter from (first/second/etc. response mentioned above)

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB26 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED HELP FROM A TUTOR, READER, OR INTERPRETER DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB25).

(Possible probes for school based help from a tutor, reader, or interpreter programs, "Did the help from a tutor, reader, or interpreter continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive help from a tutor, reader, or interpreter for that entire period? (Record the duration (length of time) on the Special Work Sheet for this response).

QB26b. During this period, that is (duration mentioned QB26a), about how many hours per day/week/month did the help from a tutor, reader, or interpreter take place?

NTERVIEWER: THE PURPOSE OF THIS PART OF QB26 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID HELP FROM A TUTOR, READER, OR INTERPRETER OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received help from a tutor, reader, or interpreter two hours each week during (the length of time mentioned for duration above) (Record the frequency of time on the Special Work Sheet for this response)

INTERVIEWER CHECKPOINT:
IF YOUTH IS ONLY LD, EMOTIONALLY DISTURBED, OR SPEECH IMPAIRED, SKIP TO CHECKPOINT BEFORE B44*

B27. Has (NAME) ever had physical therapy, mobility training, or other help with physical disabilities? (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND; COULD INCLUDE MEDICAL TREATMENT FOR A DISABILITY) (CIRCLE ONE CODE)

		556
	Yes	1
SKIP TO B32	No	2
	Don't Know	8

B28. Overall, has (NAME) had help with physical disabilities for . . . (READ CATEGORIES, CIRCLE ONE CODE)

		557
	Just a few days	1
	A few weeks	2
	A few months	3
	About a year	4
	Several years	5
	Most of (his/her) life	6
DO NOT READ	Don't Know	8

B29. Has (NAME) had any help with physical disabilities in the past 12 months? (CIRCLE ONE CODE)

		558
	Yes	1
SKIP TO B32	No	2
	Don't Know	8

B30. Who has given (NAME) help with physical disabilities in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

	559-68
Youth's junior or senior high school	01
A special secondary school for the disabled	02
A post-secondary school (e.g., college, jr. college)	03
The Vocational Rehabilitation agency (VR, Voc Rehab)	04
Another service agency (SPECIFY) ____________	05
A family member or friend	06
A private therapist or medical practitioner	07
Other (SPECIFY) ______________________	97
Don't Know	98

QB31a. Thinking about the last 12 months, for how long did (NAME) receive help with physical disabilities from (source named in QB30)?

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB31 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED HELP WITH PHYSICAL DISABILITIES DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB30).

(Possible probes for school based help with physical disabilities programs, "Did the help with physical disabilities continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive help with physical disabilities for that entire period? (Record the duration (length of time) below).

569-71 572

Total Number of

Days	1
Weeks	2
Months	3
Quarters (max. allowed = 4 quarters)	4
Semesters (max. allowed = 2 semesters)	5

that help with physical disabilities was received the last 12 months equaled ________

Don't Know/Not Sure 998

QB31b. During this period, that is (duration mentioned QB31a) about how many hours per day/week/month did the help with physical disabilities take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB31 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID HELP WITH PHYSICAL DISABILITIES OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received help with physical disabilities two hours each week during (the length of time mentioned for duration above) (Record the frequency of time below)

573-74 575

TOTAL NUMBER OF HOURS PER		Day	1
	DO NOT USE IF Q. B6a LESS THAN 7 DAYS	Week	2
		Month	3

that help with physical disabilities was received during period mentioned above equaled ______

Don't Know/Not Sure 998

(IF THERE ARE TWO OR MORE PERIODS OF ACTIVITY FROM ONE SOURCE, THE INTERVIEWER WILL KEY IN A SPECIAL CODE AND THE SCREEN WILL REVERT TO THE MULTIPLE RESPONSE MODE)

In the case of two or more responses or two or more periods of activity from one source to QB30 the following screen will appear.

- Go to the Special Work Sheet
- Complete 1 Special Work Sheet for each of the following sources (or for each period of activity from a single source).

(FIRST RESPONSE GIVEN TO QB30)

(SECOND RESPONSE GIVEN TO QB30)

ETC.

QB31a. During the last 12 months for about how long did (NAME) receive help with physical disabilities from (first/second/etc. response mentioned above)

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB31 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED HELP WITH PHYSICAL DISABILITIES DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB25).

(Possible probes for school based help with physical disabilities programs, "Did the help with physical disabilities continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive help with physical disabilities for that entire period? (Record the duration (length of time) on the Special Work Sheet for this response).

QB31b. During this period, that is (duration mentioned QB31a), about how many hours per day/week/month did the help with physical disabilities take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB31 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID HELP WITH PHYSICAL DISABILITIES OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received help with physical disabilities two hours each week during (the length of time mentioned for duration above) (Record the frequency of time on the Special Work Sheet for this response)

B32. Has (NAME) ever been given special help with transportation because of (his/her) disability, other than from family members or friends? (IF ASKED, BY SPECIAL HELP WE MEAN SUCH THINGS AS RIDES ON SPECIAL VANS OR BUSES PROVIDED BY OTHERS, OR HAVING AN AIDE RIDE WITH THE YOUTH ON THE BUS TO HELP HIM/HER GET ON AND OFF, OR GETTING RIDES REGULARLY FROM SOMEONE IN AN AGENCY). (CIRCLE ONE CODE)

575

	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

B33. Has (NAME) had any special help with transportation in the past 12 months? (CIRCLE ONE CODE)

577

	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

SP 578 579-80=05

B34. Who has given (NAME) special help with transportation? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

606-15

Youth's junior or senior high school	01
A special school for the disabled	02
Another school	03
The Vocational Rehabilitation agency	04
Another service agency (SPECIFY) __________	05
Other (SPECIFY) __________________________	97
Don't Know	98

B35. What kinds of help with transportation has (NAME) had in the past 12 months? (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ALL THAT APPLY)

616-25

Rides on special vans or buses for the disabled	01
Help getting into regular cars or public transportation	02
Help walking to school/work	03
Family or youth owns vehicle adapted to disability	04
Someone to push wheelchair	05
Rides to places wouldn't be able to get to otherwise	06
Other (SPECIFY) ______________________________	97
Don't Know	98

INTERVIEWER CHECKPOINT:
IF YOUTH NOT HARD OF HEARING, DEAF, DEAF/BLIND, OR MULTIPLY HANDICAPPED, SKIP TO CHECKPOINT

B36. Has (NAME) ever had any hearing-loss therapy, such as instruction in lip reading or sign language? (IF ASKED THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND) (CIRCLE ONE CODE)

626

	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

B37. Overall, has (NAME) had hearing-loss therapy for . . . (READ CATEGORIES, CIRCLE ONE CODE)

		627
	Just a few days	1
	A few weeks	2
	A few months	3
	About a year	4
	Several years	5
	Most of (his/her) life	6
DO NOT READ	Don't Know	8

B38. Has (NAME) had any hearing-loss therapy in the past 12 months? (CIRCLE ONE CODE)

		628
	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

B39. Who has given (NAME) hearing-loss therapy in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

	629-38
Youth's junior or senior high school	01
A special secondary school for the disabled	02
A post-secondary school (e.g., college or jr. college)	03
The Vocational Rehabilitation agency (VR, Voc Rehab)	04
Another service agency (SPECIFY) __________	05
A family member or friend	06
A private therapist or medical practitioner	07
Other (SPECIFY) __________________________	97
Don't Know	98

QB40a. Thinking about the last 12 months, for how long did (NAME) receive hearing-loss therapy from (source named in QB39)?

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB40 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED HEARING-LOSS THERAPY DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB39).

(Possible probes for school based hearing-loss therapy programs, "Did the hearing-loss therapy continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive hearing-loss therapy for that entire period? (Record the duration (length of time) below).

639-41 642

Total Number of

Days	1
Weeks	2
Months	3
Quarters (max. allowed = 4 quarters)	4
Semesters (max. allowed = 2 semesters)	5

that hearing-loss therapy was received the last 12 months equaled ________

Don't Know/Not Sure 998

QB40b. During this period, that is (duration mentioned QB40a) about how many hours per day/week/month did the hearing-loss therapy take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB40 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID HEARING-LOSS THERAPY OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So he/she) received hearing-loss therapy two hours each week during (the length of time mentioned for duration above) (Record the frequency of time below)

643-44 645

TOTAL NUMBER OF HOURS PER		Day	1
	DO NOT USE IF Q. B6a LESS THAN 7 DAYS	Week	2
		Month	3

that hearing-loss therapy was received during period mentioned above equaled ______

Don't Know/Not Sure 998

(IF THERE ARE TWO OR MORE PERIODS OF ACTIVITY FROM ONE SOURCE, THE INTERVIEWER WILL KEY IN A SPECIAL CODE AND THE SCREEN WILL REVERT TO THE MULTIPLE RESPONSE MODE)

In the case of two or more responses or two or more periods of activity from one source to QB39 the following screen will appear.

- Go to the Special Work Sheet
- Complete 1 Special Work Sheet for each of the following sources (or for each period of activity from a single source).

(FIRST RESPONSE GIVEN TO QB39)

(SECOND RESPONSE GIVEN TO QB39)

ETC.

QB40a. During the last 12 months for about how long did (NAME) receive hearing-loss therapy from (first/second/etc. response mentioned above)

INTERVIEWER: THE PURPOSE OF THIS SECTION OF QB31 IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED HEARING-LOSS THERAPY DURING THE LAST 12 MONTHS FROM (SOURCE NAMED IN QB39).

(Possible probes for school based hearing-loss therapy programs, "Did the hearing-loss therapy continue for the entire school year? For one semester? If the school is a special school, or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive hearing-loss therapy for that entire period? (Record the duration (length of time) on the Special Work Sheet for this response).

QB40b. During this period, that is (duration mentioned QB40a), about how many hours per day/week/month did the hearing-loss therapy take place?

INTERVIEWER: THE PURPOSE OF THIS PART OF QB40 IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID HEARING-LOSS THERAPY OCCUR.

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received hearing-loss therapy two hours each week during (the length of time mentioned for duration above) (Record the frequency of time on the Special Work Sheet for this response)

INTERVIEWER CHECKPOINT:
IF YOUTH IS NOT DEAF/BLIND, VISUALLY IMPAIRED, ORTHOPEDICALLY IMPAIRED, MULTIPLY HANDICAPPED, OR OTHER HEALTH IMPAIRED, SKIP TO CHECKPOINT

B41. Has (NAME) ever had a paid personal attendant, such as an at-home nurse or someone to help (him/her) during the day or night? (IF ASKED, WE ARE REFERRING TO AT-HOME CARE, NOT NURSING CARE IN A HOSPITAL, FOR EXAMPLE) (CIRCLE ONE CODE)

646

	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

B42. Has (NAME) had a paid personal attendant in the past 12 months? (CIRCLE ONE CODE)

647

Yes	1
No	2
Don't Know	8

B43. Have there been any changes to a place where (NAME) has ever lived to make it easier for (him/her) to live there because of (his/her) disability (e.g., adding wheelchair ramps or hand rails)? (CIRCLE ONE CODE)

648

Yes	1
No	2
Don't Know	8

INTERVIEWER CHECKPOINT
IF NOT GETTING SERVICES FROM VR (B4 AND B10 AND B15 ARE NOT 5; AND B20 AND B30 AND B34 AND B39 ARE NOT 4), SKIP TO B45.
IF GETTING SERVICES FROM VR (B4 OR B10 OR B15 = 5 OR B20 OR B30 OR B34 OR B39 = 4), ASK B44.

B44. What is the name of (NAME'S) Vocational Rehabilitation case manager and the address and telephone number where he or she can be reached? (RECORD INFORMATION ON THE PINK VBA SHEET)

VBA 649

NAME: ____________________

ADDRESS: ____________________
Street City

PHONE: ____________________

Don't Know 98

SKIP TO CHECKPOINT

B45. In the past 12 months, has (NAME) had a case manager at school or in a service agency? By case manager, I mean someone who coordinates services from different agencies for (NAME). (CIRCLE ONE CODE)

650

Yes	1
No	2
Don't Know	8

IF YOUTH LESS THAN 16 YEARS OLD, SKIP TO CHECKPOINT

B46. In the past 12 months, has (NAME) or anyone in your household been referred to the Vocational Rehabilitation agency to get services for (NAME)? (CIRCLE ONE CODE)

651

Yes	1
No	2
Don't Know	8

B47. In the past 12 months, has (NAME) or anyone in your household actually contacted the Vocational Rehabilitation agency to try to get services for (him/her)? (CIRCLE ONE CODE)

652

	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

B48. In the past 12 months, has (NAME) been tested by or gotten services from the Vocational Rehabilitation Agency? (CIRCLE ONE CODE)

653

	Yes	1
SKIP TO B50	No	2
	Don't Know	8

B49. What services has (NAME) gotten from the Vocational Rehabilitation Agency? (RECORD COMPLETE INFORMATION FOR SERVICES ON THE BLUE VBA SHEET) (PROBE: Anything else?)

VBA

Don't Know	98

Sp 654-78
79-80-06

SKIP TO CHECKPOINT

B50. Why didn't (NAME) get services from the Vocational Rehabilitation agency? (CIRCLE ALL THAT APPLY)

706-5

Youth's handicap is too severe	01
VR determined handicap is too mild	02
Youth has no disabling condition	03
Youth didn't qualify (reason unknown/not given)	04
Family/youth changed mind about wanting services	05
Youth might lose benefits	06
Getting that kind of help somewhere else	07
Youth didn't want it	08
No services were available	09
Family/youth didn't like what was available	10
Too hard to get to	11
Youth too young	12
Youth on waiting list	13
Other (SPECIFY) ______________	97
Don't Know	98

INTERVIEWER CHECKPOINT:
IF YOUTH IS OUT-OF-SCHOOL, SKIP TO C4. (OUT OF SCHOOL CAN BE: GRADUATED FROM HIGH SCHOOL (A14=1); LIVING IN MILITARY HOUSING OR COLLEGE DORM (A2 = 6,7); NOT IN SCHOOL IN THE PAST 12 MONTHS (IF A10 AND A11=2 OR 8); OR YOUTH IS 23 OR OLDER

C. Employment Outcomes

C1. Has (NAME) had a work-study job in the past 12 months, that is, a job (he/she) does as part of the school program or that (he/she) does for school credit? (CIRCLE ONE CODE)

716

	Yes	1
SKIP TO C4	No	2
	Don't Know	8

C2. What did (he/she) do? (PROBE: Can you tell me a little about the place (NAME) did this work.) (ENTER ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE: ENTER EACH JOB ON DIFFERENT LINE, ON THE BLUE VBA SHEET)

VBA

1)______________________________	
2)______________________________	
3)______________________________	
4)______________________________	
5)______________________________	
Don't Know	98

C3. Did (NAME) get paid for this work? (CIRCLE ONE CODE)

717

Yes	1
No	2
Don't Know	8

C4. Does (NAME) now do any work for which (he/she) gets paid, other than (his/her work study job or) work around the house? (CIRCLE ONE CODE)

718

	Yes	1
SKIP TO C14	No	2
	Don't Know	8

C5. How many of these paid jobs, other than (his/her work study job or) work around the house, does (NAME) have? (ENTER NUMBER OR CIRCLE CODE)

719

_______ number	
Don't Know	98

C6a. What does (he/she) do? (PROBE: Can you tell me a little about the place (NAME) does this work?) (ENTER ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE: ENTER EACH JOB ON A SEPARATE LINE, ON THE GREEN VBA SHEET)

b. (ASK IF MORE THAN ONE KIND OF JOB) Of these jobs, at which job does (he/she) spend the most time? (CIRCLE ONE CODE IN COLUMN b)

		VBA a.	968 b.
1)________________			1
2)________________			2
3)________________			3
4)________________			4
5)________________			5
SKIP TO C19	Don't Know	98	98

IF MORE THAN 1 JOB (C5 GREATER THAN 1), SAY: My next questions are about the job at which (NAME) spends the most time.

C7. Does (NAME) do this work at a sheltered workshop, that is a place where most of the other workers are disabled? (CIRCLE ONE CODE)

720

Yes	1
No	2
Don't Know	8

C8. About how long has (NAME) had this job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

721-23 724

___________ semesters	
___________ quarters	

___________ weeks	
___________ months	
___________ years	
Don't Know	98

C9. About what is (his/her) pay for this work? (IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS; ENTER NUMBER OR CIRCLE CODE)

(IF PAID BY THE PIECE, ASK RESPONDENT TO ESTIMATE $ PER HOUR.)

725-31 732

$______________/hour	
$______________/week	
$______________/month	
$______________/year	
Minimum wage	000
Don't Know	998

C10. About how many hours a week does (NAME) usually work at this job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE) (MAXIMUM = 60)

733-34

______________ hours per week	
Don't Know	98

IF HAS ONLY 1 PAID JOB (C3 OR C4 = 1, BUT NOT BOTH, OR C5 = 1 AND C3 NOT 1), SKIP TO C12.

C11. Next, I would like you to think about all of the paid jobs that (NAME) has now, not including work around the house. About how many hours a week does (NAME) usually work at paid jobs? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE) (MAXIMUM = 60)

735-36

_______ hours	
Don't Know	98

C12. What is the longest time (NAME) has ever had a paid job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

737-38 739

___________ semesters	
___________ quarters	

___________ days	
___________ weeks	
___________ months	
___________ years	
Don't Know	98

C13. Has (NAME) been fired from a paid job in the past 12 months? (CIRCLE ONE CODE)

740

Yes	1
No	2
Don't Know	8

SKIP TO C19

C14. Has (NAME) done any work for pay in the past 12 months, other than (his/her work study job or) work around the house? (CIRCLE ONE CODE)

741

	Yes	1
SKIP TO C19	No	2
	Don't Know	8

C15. About how many of these paid jobs, other than (his/her work study job or) work around the house, has (he/she) had in the past 12 months? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

742

________ number	
Don't Know	98

C16. What kind(s) of paid job(s), not including work around the house, has (NAME) had in the past 12 months? (PROBE: Can you tell me about the place (NAME) does this work?) (PUT ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE; ENTER EACH JOB ON A SEPARATE LINE, ON THE GREEN VBA SHEET)

	VBA
1)______	
2)______	
3)______	
4)______	
5)______	
Don't Know	98

C17. What is the longest time (NAME) has ever had a paid job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

(NOTE: IF C1 = 1 [not including his work study job])

743-44	745
______	days
______	weeks
______	months
______	years
Don't Know	98

C18. Why did (NAME) leave (that job)? Did (he/she) quit, was (he/she) fired, was (he/she) laid off, or was it a temporary job that ended? (CIRCLE ONE CODE)

	746
Youth quit	1
Youth was fired	2
Youth was laid off	3
Temporary job ended	4
Don't Know	8

C19. Has (NAME) done any volunteer work, not including work around the house, in the past 12 months? (IF ASKED, THIS DOES NOT INCLUDE ANY UNPAID WORK STUDY JOB MENTIONED IN C1) (CIRCLE ONE CODE)

		747
	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

C20. What kinds of volunteer work, not including work around the house, has (NAME) done in the past 12 months? (PROBE: Can you tell me a little about the place (NAME) does this work?) (ENTER ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE: ENTER EACH JOB ON A SEPARATE LINE, ON THE WHITE VBA SHEET)

VBA

1)________________________________

2)________________________________

3)________________________________

4)________________________________

5)________________________________

Don't Know 98

INTERVIEWER CHECKPOINT:
IF YOUTH STILL IN SCHOOL (A12 OR A16 = 1), SKIP TO F1

D. Postsecondary Education Outcomes

IF GRADUATED FROM HIGH SCHOOL, A14 = 1 OR A2 = 6, SKIP TO D3

D1. In the past 12 months, has (NAME) taken any courses to earn a high school diploma? (CIRCLE ONE CODE)

748

	Yes	1
SKIP TO D3	No	2
	Don't Know	8

D2. Has (NAME) gotten a diploma or degree from this coursework? (CIRCLE ONE CODE)

749

Yes	1
No	2
Don't Know	8

D3. In the past 12 months, has (NAME) taken any courses from a vocational or trade school? (IF ASKED, THIS DOES NOT INCLUDE TWO YEAR, JUNIOR, OR COMMUNITY COLLEGE) (CIRCLE ONE CODE)

750

	Yes	1
SKIP TO D6	No	2
	Don't Know	8

D4. About how many courses has (NAME) taken in the past 12 months? (IF SAYS "DON'T KNOW", ASK: How many credits did (NAME) earn from this work?) (IF DON'T KNOW, PROBE: Did they go to school full time or part time?) (ENTER NUMBER OR CIRCLE CATEGORY)

751-52 753

________ number of courses	
________ number of credits	
Full time	1
Part time	2
Don't Know	98

D5. Has (NAME) gotten a diploma, certificate, or license from this work? (CIRCLE ONE CODE)

754

Yes	1
No	2
Don't Know	8

D6. In the past 12 months, has (NAME) taken any courses from a 2-year junior college or community college? (CIRCLE ONE CODE)

	755	
	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

D7. About how many courses has (NAME) taken in the past 12 months? (IF SAYS "DON'T KNOW", ASK: How many credits did (NAME) earn from this work?) (IF DON'T KNOW, PROBE: Did they go to school full time or part time?) (ENTER NUMBER OR CIRCLE CATEGORY)

756-57	758
________ number of courses	
________ number of credits	
Full time	1
Part time	2
Don't Know	98

D8. Has (NAME) gotten a diploma, degree, or license from this work? (CIRCLE ONE CODE)

759	
Yes	1
No	2
Don't Know	8

INTERVIEWER CHECKPOINT
IF NO HIGH SCHOOL DIPLOMA (A14 OR D2 NOT = 1
OR A2 NOT = 6, SKIP TO NEXT CHECKPOINT

D9. In the past 12 months, has (NAME) taken any courses from a 4-year college or university? (CIRCLE ONE CODE)

	760	
	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

D10. About how many courses has (NAME) taken in the past 12 months? (IF DON'T KNOW, ASK: How many credits did (NAME) earn from this work?) (IF DON'T KNOW, PROBE: Did they go to school full or part time?) (ENTER NUMBER OR CIRCLE CATEGORY)

761-62	763
________ number of courses	
________ number of credits	
Full time	1
Part time	2
Don't Know	98

D11. Has (NAME) gotten a diploma, or degree from this work? (CIRCLE ONE CODE)

	764
Yes	1
No	2
Don't Know	8

INTERVIEWER CHECKPOINT
IF NOT TAKEN ANY COURSES SINCE HIGH SCHOOL (D1, D3, D6, AND D9 NOT = 1
SKIP TO E1

D12. About how well has (NAME) done in (his/her) classes or programs in the past 12 months? Would you say (he/she) has gotten . . . (READ CATEGORIES, CIRCLE ONE CODE)

		765-66
	Mostly A's (3.75 to 4.00 Grade point average)	01
	About half A's and half B's (3.25 to 3.74 GPA)	02
	Mostly B's (2.75 to 3.24 GPA)	03
	About half B's and half C's (2.25 to 2.74 GPA)	04
	Mostly C's (1.75 to 2.24 GPA)	05
	About half C's and half D's (1.24 to 1.74 GPA)	06
	Mostly D's or below (less than 1.25 GPA)	07
DO NOT READ	Courses not graded	08
	Don't Know	98

E. Independent Living Outcomes (OUT-OF-SECONDARY SCHOOL YOUTH)

(OUT OF SCHOOL CAN BE: GRADUATED FROM HIGH SCHOOL (A14=1); LIVING IN MILITARY HOUSING OR COLLEGE DORM (A2 = 6,7); NOT IN SCHOOL IN THE PAST 12 MONTHS (IF A10 AND A11=2 OR 8); OR YOUTH IS 23 OR OLDER

E1. What is (NAME'S) marital status? Is (he/she) (READ CATEGORIES)? (CIRCLE ONE CODE)

		767
SKIP TO E4	Engaged	1
	Single, never married	2
ASK E2	Married or living with someone of the opposite sex	3
SKIP TO E4	Divorced or separated	4
	Widowed	5
DO NOT READ	Don't Know	8

E2. Does (NAME'S) spouse or partner now have a paid job? (CIRCLE ONE CODE)

	768
Yes	1
No	2.
Don't Know	8

IF YOUTH IS NOT LIVING ON OWN (A2 NOT 2 OR 3) SKIP TO E4

E3. About what was (NAME'S) [and his/her spouse or partner's combined] income for 1986 from all sources before taxes? Was it under $25,000 or over? (CIRCLE ONE CODE)

		769-70
(IF UNDER $25,000, ASK: "Was that . . . READ CATEGORIES 1 THROUGH 3)	Under $12,000	01
	$12,000 but less than $20,000	02
	$20,000 or over	03
DO NOT READ	Under $25,000, not specified	04
(IF $25,000 OR OVER, ASK: "Was that . . . READ CATEGORIES 5 THROUGH 7)	$25,000 but less than $38,000	05
	$38,000 to $50,000, or	06
	Over $50,000	07
DO NOT READ	$25,000 and over, not specified	08
	Don't Know	98
	Refused	99

E4. About how many days a week does (NAME) get together socially with friends or family members, other than those (he/she) lives with? (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ONE CODE)

771

Less than once a week	1
One	2
Two or three	3
Four or five	4
Six or seven	5
Don't Know	8

E5. In the past 12 months, has (NAME) belonged to any school or community groups, like a sports team or a church group? (CIRCLE ONE CODE)

772

	Yes	1
SKIP TO E7	No	2
	Don't Know	8

773-78 79-80=07

E6. What kinds of groups has (NAME) belonged to in the past 12 months? (PROBE: Any others?) (CIRCLE ALL THAT APPLY)

806-15

Union, or professional group	01
Church group (not counting worship services)	02
Sorority or fraternity	03
Musical or drama group	04
Sports teams or clubs (includes Special Olympics)	05
Other social or hobby group	06
Political organization	07
Volunteer service group	08
Other (SPECIFY) ______________________	97
Don't Know	98

E7. Has (NAME) ever been arrested? (IF RESPONDENT REFUSES, OR SAYS DON'T KNOW, DO NOT PROBE) (CIRCLE ONE CODE)

816

Yes	1
No	2
Don't Know	8
Refused	9

(IF A2 = 2, 3, 5, 6, 7, 8, ASK E8; OTHERWISE GO TO E9)

E8. Does (NAME) usually get money from family members or guardians for (his/her) living expenses? (CIRCLE ONE CODE)

817

Yes	1
No	2
Don't Know	8

E9. Does (NAME) have a . . . (READ CATEGORIES) (CIRCLE ALL THAT APPLY)

818-20

	Savings account,	1
	Checking account,	2
	Other financial investments	3
DO NOT READ	None of the above	4
	Don't Know	8

E10. Does (NAME) have any credit cards or charge accounts in (his/her) own name? (CIRCLE ONE CODE)

821

Yes	1
No	2
Don't Know	8

IF ONLY LEARNING DISABLED, HARD OF HEARING, SPEECH IMPAIRED OR EMOTIONALLY DISTURBED, GO TO E12.

E11. How well does (NAME] do each of the following things on (his/her) own, without help? (READ FIRST ITEM) Would you say (he/she) does it very well, pretty well, not very well, or not at all well? (READ REMAINING ITEMS, CIRCLE ONE code for each item)

	Very Well	Pretty Well	Not Very Well	Not At All Well	Don't Know	
a. Dress (himself/herself) completely	4	3	2	1	8	8
b. Feed (himself/herself) completely	4	3	2	1	8	8
c. Get places outside the home, like to school, to a nearby store or park, or to a neighbor's house	4	3	2	1	8	8

E12. How well does (NAME] do each of the following things on (his/her) own, without help? (READ FIRST ITEM) would you say (he/she) does it very well, pretty well, not very well, or not at all well? (READ REMAINING ITEMS, CIRCLE ONE code for each item)

	Very Well	Pretty Well	Not Very Well	Not At All Well	Don't Know	
a. Look up telephone numbers in the phone book and use the phone	4	3	2	1	8	8
b. Tell time on a clock with hands	4	3	2	1	8	8
c. Read and understand common signs, like STOP, MEN, WOMEN, or DANGER	4	3	2	1	8	8
d. Count change	4	3	2	1	8	8

IF YOUTH NOT LIVING AT HOME (A2 NOT 1) SKIP TO CHECKPOINT

E13. When the following chores need doing, about how often, on (his/her) own, does [NAME]...(READ LIST) "Would you say it is always, usually, sometimes, or never? (CIRCLE ONE CODE FOR EACH ITEM)

	Always	Usually	Sometimes	Never	Don't Know
a. Fix (his/her) own breakfast or lunch	4	3	2	1	8 829
b. Buy a few things at the store like groceries or other things (he/she) needs	4	3	2	1	8 830
c. Do laundry	4	3	2	1	8 831
d. Straighten up (his/her) own room or living area	4	3	2	1	8 832

INTERVIEWER CHECKPOINT:
IF NOT DEAF, DEAF/BLIND, MULTIPLY HANDICAPPED, OR HARD OF HEARING, SKIP TO CHECKPOINT

E14. In the past 12 months, has [NAME] used any of the following because of (his/her) disability? Has (he/she) used...(READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

	Yes	No	Don't Know
a. A TDD, TTY or teletype (telecommunications device for the deaf)	1	2	8 833
b. A telephone amplifier	1	2	8 834
c. A hearing aid	1	2	8 835
d. Closed captioned television	1	2	8 836
e. A hearing dog	1	2	8 837
f. voice aids	1	2	8 838
g. Any other devices to help with hearing problems? (SPECIFY) ______________________________	1	2	8 839

Sp 840

INTERVIEWER CHECKPOINT:
IF NOT ORTHOPEDICALLY IMPAIRED, MULTIPLY HANDICAPPED, OR OTHER HEALTH IMPAIRED, SKIP TO CHECKPOINT

E15. In the past 12 months, has [NAME] used any of the following because of (his/her) disability? (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

	Yes	No	Don't Know
a. Has (he/she) used a wheel chair?	1	2	8 841
b. Has (he/she) used crutches, a cane, or a walker?	1	2	8 842
c. Have there been changes to the car?	1	2	8 843
d. Has (he/she) used prosthetics or orthotics, such as leg braces or an artificial limb?	1	2	8 844
e. Has (he/she) used a computer designed to compensate for a disability?	1	2	8 845
f. Has (he/she) used any other devices to help get around? (SPECIFY) ______________________	1	2	8 846

.NTERVIEWER CHECKPOINT:
IF NOT VISUALLY IMPAIRED, DEAF/BLIND, OR MULTIPLY HANDICAPPED, SKIP TO SECTION G.

E16. In the past 12 months, has [NAME] used any of the following because of (his/her) disability? Has (he/she) used... (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

		Yes	No	Don't Know	
	a. A seeing-eye dog	1	2	8	847
	b. Large-print or Braille readers	1	2	8	848
	c. An opticon or optical scanner	1	2	8	849
IF E15e IS NOT BLANK, DON'T ASK E16d	d. A computer designed to compensate for a disability	1	2	8	850
	e. Any other device to help with problems seeing? (SPECIFY) ________________	1	2	8	851

Sp 852

SKIP TO SECTION G

F. Independent Living Outcomes--IN-SCHOOL YOUTH

F1. About how many days a week does (NAME] usually get together with friends outside of school? (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ONE CODE)

(IF A2 = 05, THIS ITEM READS "OUTSIDE OF CLASS")

853

Never	0
Less than 1	1
One	2
2 or 3	3
4 or 5	4
6 or 7	5
Don't Know	8

F2. In the past 12 months, has [NAME] belonged to any school or other group, like sports teams, Scouts, a church group, or band? (CIRCLE ONE CODE)

854

	Yes	1
SKIP TO F4	No	2
	Don't Know	8

F3. What kinds of groups has [NAME] belonged to in the past 12 months? (PROBE: Any others?) (CIRCLE ALL THAT APPLY)

855-74

Sports teams (in or out of school; includes Special Olympics)	01
Performing groups (e.g., choir, band, dance, theater)	02
Community groups (e.g., Scouts, church groups, political groups)	03
School subject matter clubs (e.g., science, language)	04
Hobby clubs (e.g., photography, computer club)	05
Student government (e.g., student council)	06
Volunteer service groups (e.g., Candystripers)	07
Vocational clubs (e.g., Future Homemakers, DECA)	08
Junior Achievement	09
Other (SPECIFY) ________________________	97
Don't know	98

F4 Has [NAME] ever been arrested? (CIRCLE ONE CODE)

(IF RESPONDENT REFUSES OR SAYS DON'T KNOW, DO NOT PROBE.)

875

Yes	1
No	2
Don't Know	8
Refused	9

F5. Does [NAME] get an allowance or have other money about which (he/she) makes decisions? (IF ASKED, THIS COULD INCLUDE MONEY EARNED FROM A JOB) (CIRCLE ONE CODE)

876

Yes	1
No	2
Don't Know	8

Sp 77-78
79-80=08

IF ONLY LEARNING DISABLED, HARD OF HEARING, SPEECH IMPAIRED OR EMOTIONALLY DISTURBED, GO TO F7

F6. How well does [NAME] do each of the following things on (his/her) own, without help? (READ FIRST ITEM) would you say very well, pretty well, not very well, or not at all well? (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

	Very Well	Pretty Well	Not Very Well	Not At All Well	Don't Know	
a. Dress (himself/herself) completely	4	3	2	1	8	90
b. Feed (himself/herself) completely	4	3	2	1	8	90
c. Get places outside the home, like to school, to a nearby store or park, or to a neighbor's house	4	3	2	1	8	90

F7. How well does [NAME] do each of the following things on (his/her) own, without help? (READ FIRST ITEM) Would you say very well, pretty well, not very well, or not at all well? (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

	Very Well	Pretty Well	Not Very Well	Not At All Well	Don't Know	
a. Look up telephone numbers in the phone book and use the phone	4	3	2	1	8	90
b. Tell time on a clock with hands	4	3	2	1	8	91
c. Read and understand common signs, like STOP, MEN, WOMEN, or DANGER	4	3	2	1	8	91
d. Count change	4	3	2	1	8	91

IF YOUTH NOT LIVING AT HOME (A2 NOT 1) SKIP TO CHECKPOINT

F8. When the following chores need doing, about how often, on (his/her) own, does [NAME]...(READ LIST) "Would you say it is always, usually, sometimes, or never? (CIRCLE ONE CODE FOR EACH ITEM)

	Always	Usually	Sometimes	Never	Don't Know	
a. Fix (his/her) own breakfast or lunch	4	3	2	1	8	913
b. Buy a few things at the store like groceries or things (he/she) needs for school	4	3	2	1	8	914
c. Do laundry	4	3	2	1	8	915
d. Straighten up (his/her) own room or living area	4	3	2	1	8	916

INTERVIEWER CHECKPOINT:
IF NOT DEAF, DEAF/BLIND, MULTIPLY HANDICAPPED, OR HARD OF HEARING, SKIP TO CHECKPOINT

F9. In the past 12 months, has [NAME] used any of the following kinds of help because of (his/her) disability? Has (he/she) used... (READ LIST, CIRCLE ONE FOR EACH ITEM)

	Yes	No	Don't Know	
a. A TDD, TTY or teletype (telecommunications device for the deaf)	1	2	8	917
b. A telephone amplifier	1	2	8	918
c. A hearing aid	1	2	8	919
d. Closed captioned television	1	2	8	920
e. A hearing dog	1	2	8	921
f. voice aids	1	2	8	922
g. Any other devices to help with hearing problems? (SPECIFY) ________________	1	2	8	923

Sp 924

INTERVIEWER CHECKPOINT:
IF NOT ORTHOPEDICALLY IMPAIRED, MULTIPLY HANDICAPPED, OR OTHER HEALTH IMPAIRED, SKIP TO CHECKPOINT

F10. In the past 12 months, has [NAME] used any of the following kinds of help because of (his/her) disability? (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

	Yes	No	Don't Know	
a. Has (he/she) used a wheel chair?	1	2	8	925
b. Has (he/she) used crutches, a cane, or a walker?	1	2	8	926
c. Have there been changes to the car?	1	2	8	927
d. Has (he/she) used prosthetics or orthotics, such as leg braces or an artificial limb?	1	2	8	928
e. Has (he/she) used a computer designed to compensate for a disability?	1	2	8	929
f. Has (he/she) used any other devices to help get around? (SPECIFY) ________________	1	2	8	930

INTERVIEWER CHECKPOINT:
IF NOT VISUALLY IMPAIRED, DEAF/BLIND, OR MULTIPLY HANDICAPPED, SKIP TO SECTION G.

F11. In the past 12 months, has [NAME] used any of the following kinds of help because of (his/her) disability? Has (he/she) used... (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

		Yes	No	Don't Know	
	a. A seeing-eye dog	1	2	8	931
	b. Large-print or Braille readers	1	2	8	932
	c. An opticon or optical scanner	1	2	8	933
IF F10e IS NOT BLANK, DON'T ASK F11d	d. A computer designed to compensate for a disability	1	2	8	934
DON'T READ	e. Any other device to help with problems seeing? (SPECIFY) ______________________	1	2	8	935

Sp 936

G. Family Characteristics

G0a. My next questions are about the household (NAME) is now part of. Are you the head of that household? (IF ASKED, BY HEAD OF HOUSEHOLD, WE MEAN THE PRIMARY WAGE EARNER.) (CIRCLE ONE CODE)

(THIS SCREEN WILL ONLY APPEAR IF A2 = 2, 3, or 7)
G0b. My next questions are about the household of (NAME)'s parent/guardian. Are you the head of that household? (IF RESPONDENT SAYS "WHO DO YOU WANT - THE PARENT OR GUARDIAN?" SAY THE HOUSEHOLD (NAME) MOST RECENTLY LIVED IN.)

937

Yes	1
No	2
Don't Know	8

(NOTE: IF G0=1, NEXT QUESTIONS SHOULD REFER TO "you" WHEN THERE IS A CHOICE OF REFERENT; IF G0 = 2 OR 8, NEXT QUESTIONS SHOULD REFER TO "the head of household" WHEN THERE IS A CHOICE OF REFERENT.)

G1. Is this a one-parent or two-parent household? (CIRCLE ONE CODE)

938

One-parent	1
Two-parent	2
Don't Know	8
Refused	9

G2. How many children are now living in the household? (ENTER NUMBER OR CIRCLE CODE)

939-940 ______ number of children
ACCEPT 0

Don't Know	98

IF NO CHILDREN OR ONE CHILD PART OF THE HOUSEHOLD (G2 = 0 or 1), SKIP TO G4

G3. Do other children in the household besides [NAME] have a learning problem or other disability? (CIRCLE ONE CODE)

941

Yes	1
No	2
Don't Know	8

G4. (Do you/Does the head of household) have a learning problem or other disability? (CIRCLE ONE CODE)

942

Yes	1
No	2
Don't Know	8

ASK G5 AND G6 ONLY IF S6 OR S7 = 1

G5. Is [NAME] your natural child? (CIRCLE ONE CODE)

943

Yes	1
No	2
Don't Know	8
Refused	9

IF ONE-PARENT HOUSEHOLD (G1 = 1), SKIP TO G7

G6. Is [NAME] your spouse's or partner's natural child? (CIRCLE ONE CODE)

944

Yes	1
No	2
Don't Know	8
Refused	9

G7. What is the highest year or grade (you/the head of household) finished in school? (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ONE CODE)

	945
11th grade or less	1
High school diploma	2
Some college	3
2-year college degree (AA degree)	4
4-year college degree (BA, BS degree)	5
Some graduate work/ No graduate degree	6
Graduate degree (MA, MBA, Ph.D., JD, MD)	7
Don't know	8
Refused	9

G8. (Do you/Does the head of household) have a paid job now? (CIRCLE ONE CODE)

		946
	Yes	1
SKIP TO CHECKPOINT	No	2
	Don't Know	8

G9. In an average week, about how many hours (do you/does the head of household) work for pay? (CIRCLE ONE CODE)

	947
Less than 20	1
20 to 35	2
Over 35	3
Don't Know	8

INTERVIEWER CHECKPOINT:
IF ONE-PARENT HOUSEHOLD (G1 = 1), SKIP TO G12.
AMONG 2-PARENT FAMILIES, ASK G10 AND G11 ONLY, IF S6 OR S7 = 1 OR 2 OR 3 AND G0 = 2.

G10. Do you have a paid job now? (CIRCLE ONE CODE)

948

	Yes	1
SKIP TO G12	No	2
	Don't Know	9

G11. In an average week, about how many hours do you work for pay? (OK TO READ CATEGORIES) (CIRCLE ONE CODE)

949

Less than 20	1
20 to 35	2
Over 35	3
Don't Know	8

G12. We want to group households by income. Think of the income the household got in 1986 from all sources before taxes. Was this under $25,000 or $25,000 and over? (CIRCLE ONE CODE)

950-51

(IF UNDER $25,000, ASK: "Was that...READ CATEGORIES 1 THROUGH 3)	Under $12,000	01
	$12,000 but less than $20,000	02
	$20,000 or over	03
DON'T READ	Under $25,000, not specified	04
(IF $25,000 OR OVER, ASK: "Was that...READ CATEGORIES 5 THROUGH 7)	$25,000 but less than $38,000	05
	$38,000 to $50,000, or	06
	Over $50,000	07
DON'T READ	$25,000 and over, not specified	08
	Don't Know	98
	Refused	99

G13. In the past 12 months, has the household gotten money or benefits from any of the following programs? (READ LIST; CIRCLE ONE CODE FOR EACH ITEM)

		Yes	No	Don't Know	Refused	
	a. Social Security Disability Insurance (SSDI)	1	2	8	9	952
	b. Social Security Survivors Benefits	1	2	8	9	953
	c. Supplemental Security Income (SSI)	1	2	8	9	954
	d. Medicaid or another state-supported health care program	1	2	8	9	955
	e. Aid to Families with Dependent Children (AFDC)	1	2	8	9	956
	f. Public assistance (not including foster care)	1	2	8	9	957
	g. Food Stamps	1	2	8	9	958
	h. Unemployment insurance	1	2	8	9	959
DO NOT READ	i. Other (SPECIFY) ____________________	1	2	8	9	960

H. EXPECTATIONS

Now I'd like to ask you some questions about what you think [NAME] will be able to do in the coming years.

INTERVIEWER CHECKPOINT:
IF YOUTH HAS GRADUATED FROM HIGH SCHOOL (A14 OR D2 = 1 OR A2 = 6) SKIP TO CHECKPOINT

H1. How likely do you think it is that [NAME] will graduate from high school and get a regular high school diploma? (IF ASKED, A REGULAR HIGH SCHOOL DIPLOMA INCLUDES A GED BUT DOES NOT INCLUDE A CERTIFICATE OF COMPLETION OR A SPECIAL DIPLOMA FOR SPECIAL EDUCATION STUDENTS ONLY) Do you think (he/she)...(READ CATEGORIES, CIRCLE ONE CODE)

		960
	Definitely will,	4
	Probably will,	3
SKIP TO CHECKPOINT BEFORE H4	Probably won't, or	2
	Definitely won't	1
DON'T READ	Don't know	8

INTERVIEWER CHECKPOINT:
GO TO CHECKPOINT BEFORE H4 IF YOUTH GRADUATED FROM 4-YEAR COLLEGE (D11 = 1)

H2. How likely do you think it is that [NAME] will graduate from a four year college/ Do you think (he/she)...(READ CATEGORIES) (CIRCLE ONE CODE)

		962
SKIP TO CHECKPOINT BEFORE H4	Definitely will,	4
	Probably will,	3
	Probably won't, or	2
	Definitely won't	1
DON'T READ	Don't know	8

INTERVIEWER CHECKPOINT:
SKIP TO NEXT CHECKPOINT IF YOUTH GRADUATED FROM 2-YEAR COLLEGE (D8 = 1)
OR ENROLLED IN A 4-YEAR COLLEGE D9 = 1)

H3. How likely do you think it is that [NAME] will graduate from a two-year or junior college? Do you think (he/she)...(READ CATEGORIES, CIRCLE ONE CODE)

		963
	Definitely will,	4
	Probably will,	3
	Probably won't, or	2
	Definitely won't	1
DON'T READ	Don't know	8

INTERVIEWER CHECKPOINT:
IF [NAME] IS LIVING ON OWN (A2 = 2 OR 3), SKIP TO CHECKPOINT

H4. How likely do you think it is that [NAME] eventually will live away from home on (his/her) own without supervision? Do you think (he/she)...(READ CATEGORIES, CIRCLE ONE CODE)

		964
	Definitely will,	4
	Probably will,	3
	Probably won't, or	2
	Definitely won't	1
DON'T READ	Don't know	8

INTERVIEWER CHECKPOINT:
IF HAS HAD PAID JOB IN PAST 12 MONTHS (C3, C4 OR C14 = 1), GO TO H6

H5. How likely do you think it is that [NAME] eventually will get a paid job/ Do you think (he/she)...(READ CATEGORIES, CIRCLE ONE CODE)

		965
	Definitely will,	4
	Probably will,	3
	Probably won't, or	2
	Definitely won't	1
DON'T READ	Don't know	8

H6. We will be asking questions like these again in the next few years. Do you think [NAME] would be able to answer questions like these over the phone for (himself/herself)? (CIRCLE ONE CODE)

		966
	Yes	1
SKIP TO H8	No	2
	Don't Know	8

H7. Would you be willing for us to ask questions like these of [NAME] in the next few years? (CIRCLE ONE CODE)

	967
Yes	1
No	2
Don't Know	8

H8. Would you please give me the name, address, and telephone number of someone who is likely to know where you are if you move in the next few years? (ENTER INFORMATION OR CIRCLE CODE)

NAME: ________________ 1206-45

ADDRESS: ________________ 1306-45

________________ 1246-78 1346-47 1348-52

PHONE: ________________ 1353-62

Don't Know	98
Refused	99

(IF THERE IS NO PARENT/GUARDIAN NAME ON THE SAMPLE FILE AND S6 AND S7 IS NOT 1 OR 2 OR 3 OR 4, ASK H9)

H9. Could you also tell me the name of (NAMES) parent/guardian?

NAME: ________________ 236-75

Don't Know	98
Refused	99

CLOSING SCRIPT

Now I would like to be sure we have your correct address so that we can share some of the interesting findings of our study with you. (READ AND VERIFY ADDRESS AND TELEPHONE NUMBERS)

[IF THE RESPONSE CODE ON THE SAMPLE FILE INDICATES THERE IS A CONSENT FORM FOR THE SAMPLE MEMBER OR IF THE YOUTH WAS NOT IN SCHOOL IN THE PAST 12 MONTHS (A10 AND A11 = 2)] Thank you very much for your time in answering these questions. (TERMINATE INTERVIEW)

[IF THE RESPONSE CODE ON THE SAMPLE FILE INDICATES THERE IS NO CONSENT FORM FOR THE SAMPLE MEMBER AND THE YOUTH WAS IN SCHOOL DURING THE 1986-87 SCHOOL YEAR (A10 OR A11 = 1)] Another part of the study involves getting some information from (NAME'S) school records. We will be sending you a form in the mail in the next few days. I hope you will fill out and sign the form and return it to us as soon as possible in the envelope included with the form so that we can finish this important part of the study. Thank you very much for your time in answering my questions. (TERMINATE INTERVIEW) (IF ASKED WHY WE NEED THE CONSENT FORM OR WHAT INFORMATION WE NEED FROM SCHOOL RECORDS, SAY "WE WOULD LIKE TO GET INFORMATION FROM (NAME'S) SCHOOL RECORDS ABOUT SUCH THINGS AS CLASSES HE/SHE ATTENDED, GRADES RECEIVED, AND ATTENDANCE, AND WE NEED YOUR CONSENT TO DO THAT.")

THANK YOU VERY MUCH FOR YOUR HELP IN ANSWERING THESE QUESTIONS.

POSSIBLE PROBES FOR Q's B6, B11, B16, B21, B26, B31, and B40 - a and b.

Section a.

INTERVIEWER: THE PURPOSE OF THIS SECTION OF THE QUESTIONS IS TO ASCERTAIN THE DURATION (LENGTH OF TIME) THAT (NAME) RECEIVED (THE PROGRAM MENTIONED IN THE QUESTION) DURING THE LAST 12 MONTHS FROM (SOURCE).

(Possible probes for school based programs, "Did the (program mentioned) continue for the entire school year? For one semester? If the school is a special school or a trade school, ask "How many months of the year does (NAME) go to this school? Did (NAME) receive (the program mentioned) for that entire period?

Section b.

INTERVIEWER: THE PURPOSE OF THIS SECTION OF THE QUESTIONS IS TO ASCERTAIN THAT WITHIN THE DURATION OF TIME MENTIONED ABOVE FOR HOW MANY HOURS IN TOTAL DID (THE PROGRAM MENTIONED IN THE QUESTION).

(Possible probe to simplify or combine amounts of time given by the respondent: If the respondents' reply combines time periods rephrase with a response that sums up the time frames, e.g., "He/she went twice a week for an hour each time" could be rephrased "So (he/she) received (the program mentioned) two hours each week during (the length of time mentioned for duration above)

#3565Q
Chilton Research Services
Radnor, Pennsylvania

Study #7090
May, 1987

SRI
ENTREVISTA CON LOS PADRES

Entrevista #_______

Hora que marcó el número________AM_________PM
Hora que empezó entrevista______AM_________PM
Hora que terminó entrevista_____AM_________PM

TEXTO DE PRESENTACION # 1

(PRIMER INTENTO QUE OBTUVO UN RESPONDIENTE)

S1. Hola! Mi nombre es __________ y estoy llamando de parte del "Instituto de Investigaciones de Stanford" Por favor podría hablar con (NOMBRE DE LOS PADRES O GUARDIANES QUE APARECE EN EL "SAMPLE FILE"?) (SI HAY DOS NOMBRES DE PADRES O GUARDIANES (POR EJEMPLO SEÑOR Y SEÑORA JOHN JONES O JOHN Y MARY JONES) PIDA HABLAR CON LA SEÑORA; SI UN NIÑO CONTESTA Y EL NOMBRE NO ESTA DISPONIBLE, PREGUNTE POR EL APELLIDO O POR OTRO ADULTO DE LA CASA. SI EL "SAMPLE FILE" NO TIENE NOMBRE DE PADRES O GUARDIANES PIDA HABLAR CON LA MADRE O EL PADRE O GUARDIAN DE (NOMBRE DE EL (LA) JOVEN).

VAYA A LA S.3	Disponible	1
VAYA A LA S.2	Indisponible	2
VAYA A "VUELVA A LLAMAR"	No hay adulto disponible	3
DISPOSICION DEL DOCUMENTO EN EL "HARD COPY SAMPLE"	No contestan, ocupado, roto, etc.	4

S2. Quizás otra persona me pueda ayudar?

S3. Estoy llamando acerca de un estudio que el Instituto de Investigaciones de Stanford esta haciendo para el Departamento de Educación acerca de estudiantes que han recibido servicios especiales en la escuela. A lo mejor que usted recibió una carta de nosotros refiriendose a este estudio. (NOMBRE) esta incluído e este estudio. Quien sería el mejor adulto para hablar acerca de (NOMBRE) y sus experiencias en la escuela? (SI LA PERSONA DICE QU NO HA RECIBIDO LA CARTA DIGA ALGO ASI COMO QUE "SEGURAMENTE QUE ESTA AL LLEGARLE" Y CONTINUE. SI LA PERSONA DICE QUE LA (EL) JOVE YA NO ESTA EN LA ESCUELA DIGA ALGO ASI COMO QUE ESTAMOS INTERESADOS EN LAS EXPERIENCIAS QUE TUVO (NOMBRE) CUANDO ESTABA E LA ESCUELA" Y CONTINUE.

VAYA AL "CHECKPOINT"	Persona con la que esta hablando	1
CONTINUE A LA S.4	Otra persona	2
TERMINE	Nunca está disponible/no sabe	3

S4. ("PROBE": Me podría decir el nombre de la persona, por favor? (ANOTE EL NOMBRE Y PIDA HABLAR CON ESA PERSONA)

Nombre de la persona:____

VAYA A LA S3	Disponible	1
VAYA AL "CHECKPOINT" ANTES DE LA S6	Indisponible	2

"CHECKPOINT": SI EL "SAMPLE FILE" NO TIENE EL NOMBRE DE LA PERSONA CON LA CUAL ESTA HABLANDO, PREGUNTE LA S5; SI EL "SAMPLE FILE" CONTIENE EL NOMBRE DE LA PERSONA CON LA QUE ESTA HABLANDO, VAYA AL PROXIMO "CHECKPOINT".

S5. Me podría decir su nombre por favor? (ESCRIBA EL NOMBRE)

Nombre:____

(NOTA: LA PERSONA A LA CUAL NOS REFERIMOS DE AQUI EN ADELANTE COMO EL "RESPONDIENTE DESEABLE" ES LA PERSONA INDICADA EN LA S3 COMO "LA MEJOR PERSONA CON QUIEN HABLAR".)

"CHECKPOINT": SI EL RESPONDIENTE DESEABLE ES MUJER, PREGUNTE LA S6. S EL RESPONDIENTE ES HOMBRE VAYA A LA PREGUNTA S7. SI EL ENTREVISTADOR ESTA HABLANDO CON EL RESPONDIENTE DESEABLE LAS PROXIMAS PREGUNTAS DEBEN DIRIGIRSE A "USTED", SI NO, LAS PROXIMAS PREGUNTAS DEBEN DIRIGIRSE A "EL O ELLA")

S6. Cual es el parentesco de usted (de ella) con (NOMBRE)? (SI LA RESPUESTA ES "SU MAMA", NO "PROBE". USE EL CODIGO 01.)

Madre (Incluye madre adoptiva)	01
Madrastra	02
Madre de crianza	03
Guardián legal	04
Hermana/Hermanastra	05
Tía	06
Abuela	07
Otro (ESPECIFIQUE) _______________________	97
No sabe	98

(VAYA AL "CHECKPOINT")

S7. Cual es el parentesco de usted (de el) con (NOMBRE)? (SI LA RESPUESTA ES "SU PAPA", NO "PROBE". USE EL CODIGO 01.)

Padre (incluye padre adoptivo)	01
Padrastro	02
Padre de crianza	03
Guardián legal	04
Hermano/hermanastro	05
Tío	06
Abuelo	07
Otro (ESPECIFIQUE) ______________________________	97
No sabe	98

NOTA: EN ESTE MOMENTO EL NOMBRE DE LOS PADRES O GUARDIANES QUE APARECE EN EL "SAMPLE FILE" Y (U) OTROS NOMBRES ADICIONALES QUE EL ENTREVISTADOR HAYA ENTRADO EN LAS PREGUNTAS S4 Y S5, APARECERAN EN LA PANTALLA Y EL ENTREVISTADOR ENTRARA EL NOMBRE Y EL SEXO DE LA PERSONA QUE RESPONDE A ESTA ENTREVISTA.

"CHECKPOINT": SI LA S4 = 2, VAYA A LA S9

S8. (EMPIECE LA ENTREVISTA)

S9. Cuando podría llamar otra vez para hablar con (NOMBRE DEL RESPONDIENTE DESEABLE) y que número de teléfono debo usar? (ANOTE LA FECHA, LA HORA Y EL NUMERO DE TELEFONO PARA LLAMAR OTRA VEZ. TERMINE LA LLAMADA)

____

TEXTO DE PRESENTACION # 2

(LLAME OTRA VEZ PARA PODER HABLAR CON EL RESPONDIENTE DESEABLE IDENTIFICADO COMO TAL EN LA PRIMERA LLAMADA)

1. Hola! Mi nombre es ________ y estoy llamando por el "Instituto de Investigaciones de Stanford" Por favor podría hablar con (NOMBRE D LA PERSONA ANOTADO EN LA S4 LA PRIMERA VEZ QUE TRATO DE LLAMAR.)

VAYA A LA 3	Disponible	1
VAYA A LA 2	Indisponible	2
DISPOSICION DEL DOCUMENTO EN EL "HARD COPY SAMPLE"	No contestan, ocupado, roto, etc.	4

2. Cuando podría llamar otra vez para poder hablar con (NOMBRE DEL RESPONDIENTE DESEABLE)? (ANOTE LA FECHA Y LA HORA PARA VOLVER A LLAMAR. TERMINE LA LLAMADA.)

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3. Estoy llamando acerca de un estudio que el Instituto de Investigaciones de Stanford esta haciendo para el Departamento de Educación de los Estados Unidos acerca de estudiantes que han recibido servicios especiales en la escuela. A lo mejor que usted ya recibi una carta nuestra que se refiere a este estudio. (NOMBRE) está incluído(a) en este estudio y tengo algunas preguntas que hacerle acerca de (NOMBRE) y sus experiencias en la escuela. (EMPIECE LA ENTREVISTA) (SI LA PERSONA DICE QUE NO RECIBIO LA CARTA DIGA ALGO ASI COMO "SEGURAMENTE QUE ESTA AL LLEGARLE" Y CONTINUE LA ENTREVISTA.

A. Características Individuales

Primeramente, me gustaría hacerle algunas preguntas acerca de (NOMBRE)

A1. Es (NOMBRE) hombre o mujer? (HAGA UN CIRCULO A UN CODIGO)

Hombre	1
Mujer	2

SI EL "SAMPLE FILE" CONTIENE LA EDAD DE EL(LA) JOVEN, SALTE A LA A2.

A1a. Que edad tiene (NOMBRE)? (ANOTE LA EDAD QUE LE DEN) ___________

A1b. En que fecha nació (NOMBRE) (ANOTE EL MES, DIA Y EL AÑO)

___________ ____ __________

No sabe	98

A2. Dónde vive ahora (NOMBRE)? (SI LE PREGUNTAN QUE QUIERE DECIR CON "VIVIR" QUEREMOS DECIR EL SITIO DONDE (NOMBRE) PASA POR LO MENOS 5 NOCHES A LA SEMANA) (PUEDE LEER LAS CATEGORIAS SI IS NECESARIO) (HAGA UN CIRCULO A UN SOLO CODIGO)

SALTE A LA A6	Con padres o guardianes (no miembros de la familia)	01
	Solo (a)	02
	Con esposo(a) o compañero(a) de habitación	03
	Con otro miembro de la familia que no sea el esposo(a)	04
	En una residencia o internado que no sea universidad.	05
	En un dormitorio de universidad	06
	En vivienda militar	07
PREGUNTE LA A3	En un grupo supervisado en una casa	08
SALTE A LA A4	En una casa de salúd mental	09
	En un hospital o clinica médica o en una institución para desabilitados	10
	En un instituto correccional	11
SALTE A LA A6	Otro (ESPECIFIQUE) ______________________________	12
	No sabe	98

A3. Alguien de la escuela de (NOMBRE) le ayudó a (el o ella) a entrar en este grupo supervisado? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No sabe	8

A4. Que tiempo hace que (NOMBRE) vive ahí? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO)

______________________días	
____________________semanas	
______________________meses	
______________________años	
No sabe	98

SI A4 12 MESES O 1 ANO O 52 SEMANAS, SALTE A LA A6

SI EL(LA) JOVEN VIVE EN UN GRUPO EN UNA CASA (A2 = 8) SALTE A LA A6

A5. Está (NOMBRE) recibiendo alguna de las siguientes clases de ayuda en ese lugar? Está él (ella) recibiendo.......(LEA LA LISTA) (HAGA UN CIRCULO A UN CODIGO POR CADA LINEA)

	Si	No	No Sab
a. Instrucción en clases de escuela, por ejemplo, matemáticas o historia.	1	2	8
b. Entrenamiento de trabajo o educación vocacional.	1	2	8
c. Ayuda para encontrar empleo.	1	2	8
d. Terapia del habla o del lenguaje.	1	2	8
e. Consejos personales o terapia.	1	2	8
f. Terapia por ocupación o entrenamiento en funciones cotidianas como alimentarse, vestirse, manejar el dinero.	1	2	8
g. Un maestro en la casa, alguien que le lea o le sirva de intérprete.	1	2	8
h. Terapia física o entrenamiento para moverse,por ejemplo, ayuda para caminar o para el uso de la silla de ruedas.	1	2	8
i. Ayuda en obtener o usar transportación.	1	2	8
j. Terapia de pérdida auditiva, (por ejemplo lectura de labios o lenguaje de señas)	1	2	8
k. Aparatos especiales, por ejemplo, sillas de ruedas o aparatos auditivos.	1	2	8
l. Educación física o recreacion adaptada.	1	2	8

A6a. Para que clase de problemas de aprendizaje u otro tipo de impedimento (NOMBRE) ha recibido servicios de educacion especial en la escuela? (PUEDE LEER LAS CATEGORIAS DEL 1 AL 11) (PROBE: Ha tenido él (ella) cualquier otro problema de aprendizaje o impedimento?) (HAGA UN CIRCULO A LAS RESPUESTAS QUE APLICAN EN L COLUMNA "A")

(SI EL CODIGO DE IMPEDIMENTO ES EL NUMERO 110 Y EL UNICO IMPEDIMENTO MENCIONADO EN LA PREGUNTA A6a ES ESTADO DE GESTACION (CODIGO 38), TERMINE LA ENTREVISTA.)

b. (SI MAS DE UN IMPEDIMENTO FUE MENCIONADO EN LA PREGUNTA A6a) Cual de estos ha sido el problema o impedimento de aprendizaje principal de (NOMBRE)? (HAGA UN CIRCULO AL CODIGO QUE APLIQUE EN LA COLUMNA B)

		A	B
SALTE A LA A9	No tiene problemas o impedimentos/no esta recibiendo servicios especiales	00	--
	Impedimento de aprendizaje/Desventaja en aprender	01	0
	Emocionalmente perturbado/Comportamiento desordenado, tiene problemas emocionales	02	0
	Retraso mental	03	0
	Dificultad del habla/Impedimento en comunicarse	04	0
	Dificultad auditiva/Impedimento auditivo	05	0
EL UNICO CASO EN EL QUE EL(LA) JOVEN SE CONSIDERA CON IMPEDIMENTO MULTIPLE ES SI EL "SAMPLE FILE" = 100	Sordo	06	06
	Con vista parcial/Impedimento visual	07	07
	Completamente ciego	08	08
	Física u ortopédicamente impedido	09	09
	Impedimento de salúd (ESPECIFIQUE LA ENFERMEDAD) ______	10	10
	Sordo y ciego	11	11
	Amputación de un miembro	12	12
	Afasia (Perdida de la habilidad de usar lenguaje)	13	13
	Artritis	14	14
	Asma	15	15
	Autísmo	16	16

Cancer/Linfoma/Sarcoma	17	17
Parálisis cerebral	18	18
Fibrosis cística	19	19
Incapacitado o demorado en el desarrollo	20	20
Diabetis	21	21
Síndrome de Downs (Mongolismo)	22	22
Dislexia (Invierte las letras al leer)	23	23
Impedido educacional	24	24
Enfisema	25	25
Encefalitis	26	26
Epilepsia	27	27
Enfermedades del corazón	28	28
Hemofilia	29	29
Hiperactividad	30	30
Leucemia	31	31
Esclerosis múltiple	32	32
Distrofia muscular	33	33
Impedimento neurológico	34	34
Neurosis	35	35
Paraplégico o parcialmente paralizado	36	36
Poliomelitis	37	37
Estado de gestación	38	38
Psicosis	39	39
Quadruplégico o completamente paralizado	40	40
Esquizofrenia	41	41
Espina bífida	42	42
Embolia	43	43

	Problemas con clases en el colegio (Ejemplo, matemáticas o lectura)	44	44
	"Solamente lento"	45	45
	Otro (ESPECIFIQUE) ________________________________	97	97
SALTE A LA A9	No sabe	98	98

SI A6a es solamente 97 (OTRO) "PROBE" POSIBLE: Existe un nombre comu para esa enfermedad? (EL ENTREVISTADOR DEBE "PROBE" EN LAS CATEGORIA DE LA 1 A LA 45, SI ES POSIBLE.)

A7. Cuantos años tenía (NOMBRE) cuando el (ella) empezo a tener esta dificultad? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO)

Menos de 1 año	00
_______años de edad	
______nivel de escuela	
No sabe	98

A8. Aproximadamente cuantos años tenía (NAME) cuando el (ella) empezó a recibir servicios de educación especial de un profesional para esta dificultad (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO)

Menos de 1 año	00
_______años de edad	
_______nivel de escuela	
No Sabe	98

A9. Cual es el origen étnico de (NOMBRE)? Es el (ella)..........(LEA LAS CATEGORIAS, HAGA UN CIRCULO ALREDEDOR DE UN SOLO CODIGO)

	Negro (NO HISPANO)	01
	Blanco (NO HISPANO)	02
	Hispano	03
	Indio Americano o nativo de Alaska	04
	Asiático o de las islas del Pacífico	05
NO LEA	Otro (ESPECIFIQUE)____________	97
	No sabe	98

A9a. Usualmente, habla (NOMBRE) Inglés en la casa o habla él (élla) otro idioma? (HAGA UN CIRCULO A UN SOLO CODIGO)

Usualmente habla Inglés	1
Usualmente habla otro idioma	2
No habla o se comunica verbalmente	3
No sabe	8

SI EL (LA) JOVEN TIENE 23 AÑOS O MAS, SE CONSIDERA YA FUERA DE LA ESCUELA; VAYA A LA A14.
SI ESTA EN UNA INSTITUCION (A2 = 9, 10 u 11) 12 MESES O MAS (A4 = MAS DE 12 MESES), SALTE A LA A16.

A10. Ha estado (NOMBRE) matriculado en la escuela de medios años (Junior High) o la escuela secundaria (Senior High) durante los pasados 12 meses? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No sabe	8

SI A10 = 1 Y A6a = 00 Y EL "SAMPLE FILE" DICE "NO DISABILITY", ENTONCES SALTE A LA A12.
SI A10 = 1 Y A2 = 6 o 7, SALTE A LA A13.
SI A10 = 1 Y A2 ES OTRO QUE 6 o 7, SALTE A LA A12.
SI A10 = 2 u 8 Y: SI EL (LA) JOVEN VIVE EN UN DORMITORIO DE UNIVERSIDAD (A2=6), SALTE A "CHECKPOINT'.
SI LA PERSONA ESTA EN EL SERVICIO MILITAR (A2=7) SALTE A LA A14
SI LOS PADRES DICEN QUE LA PERSONA NO TIENE NINGUN IMPEDIMENTO (A6a=0
SALTE A LA A14.

A11. Ha estado (NOMBRE) matriculado en una escuela especial en los ultimos 12 meses? Cuando decimos "escuela especial" queremos decir una escuela para estudiantes con impedimentos para aprende u otro tipo de impedimento los cuales tienen edad para estar en la escuela secundaria o en la escuelas de medios anos, o sea "Senior o Junior High School" (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No sabe	8

SI LA A10 AND LA A11 SON AMBAS 2 U 8, SALTE A LA A14.

A12. Está (NOMBRE) en este momento o estará en el otoño matriculado(a en una secundaria o escuela de medios años especial? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No sabe	8

SI A12 = 1, A13 SE REFIERE A LA ESCUELA "MATRICULADO(A) EN ESTE MOMENTO"; SI A12 ES 2 o 9 Y A10 o A11 = 1, A13 SE REFIERE A LA ESCUELA DONDE "HA SIDO MATRICULADO(A)".

A13. Cual es el nombre de la escuela en la que (NOMBRE) (está ahora o ha sido matriculado en los ultimos 12 meses?) (ESCRIBA EL NOMBRE DE LA ESCUELA Y DIRECCION EN LA HOJA VBA ROSA. "PROBE" PARA QUE LE DEN LA DIRECCION, por ejemplo: Donde esta localizada?)

Nombre de la escuela:_______________________________________

Dirección:____
Calle y número Ciudad y Estado

SI A12 = 1 SALTE A LA B1

A14. Se graduó (NOMBRE), dejó la escuela voluntariamente o fue él (ella) suspendido, expulsado o es el (ella) mayor de lo que la escuela accepta? (HAGA UN CIRCULO A UN CODIGO)

VAYA AL "CHECKPOINT"	Se graduó	1
PREGUNTE LA A15	Dejó la escuela voluntariamente, se dió de baja	2
SALTE A LA A16	Suspendido temporalmente	3
	Expulsado permanentemente	4
VAYA AL "CHECKPOINT"	Pasó la edad límite	5
SALTE A LA A16	No sabe	8

A15. Cuales fueron sus razones principales para dejar la escuela? (HAGA UN CIRCULO A TODAS LAS RESPUESTAS QUE APLIQUEN)

Contrajo matrimonio	01
Quedó embarazada o tuvo un bebé	02
Malas calificaciones/no le iba bien en la escuela	03
Quería/necesitaba encontrar trabajo	04
Le ofrecieron un trabajo, decidió aceptarlo	05
Quiso entrar en el servicio militar	06
Se mudó	07
No le gustaba la escuela	08
La escuela era muy peligrosa	09
Quería viajar	10
Amigos se estaban dando de baja de la escuela	11

No entró en el programa que él (ella) quería	12
Enfermedad/Incapacidad	13
No se llevaba bién con sus maestros	14
No se llevaba bién con otros estudiantes	15
No encontró quien le cuidara los niños	16
Problema encontrando o usando transporte	17
Otro (ESPECIFIQUE) ________________________________	97
No Sabe	98

A16. Cree usted que (NOMBRE) va a regresar a la escuela secundaria o la de medios anos, o sea Junior o Senior High especial en los próximos doce meses? (SI LE PREGUNTAN,"ESCUELA ESPECIAL" QUEREMOS DECIR UNA ESCUELA ESPECIAL PARA LOS INCAPACITADOS DE EDAD DE SECUNDARIA O MEDIOS ANOS, O SEA,"JR. O SR. HIGH SCHOOL".) (HAGA UN CIRCULO A UN SOLO CODIGO)

SALTE A LA B1	Si	1
	No	2
	No Sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI EL(LA) JOVEN ESTA EN UNA INSTITUCION CORRECCIONAL, MEDICA O DE SALUD MENTAL (A2 = DEL 09 AL 11) 12 MESES O 52 SEMANAS, VAYA A LA H8. DE LO CONTRARIO, CONTINUE.

B. Servicios

B1. Ha tenido (NOMBRE) alguna vez entrenamiento en habilidades de trabajo, consejo de carrera, ayuda a encontrar trabajo, o cualquier otra educación vocacional. (SI LE PREGUNTAN, ESTO PUEDE INCLUIR AYUDA DE UN MIEMBRO DE LA FAMILIA O AMIGO(A)) (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA B7	No	2
	No Sabe	8

B2. Por qué tiempo aproximado ha tenido (el/ella) este entrenamiento de trabajo o ayuda? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO).

_________semestres

_________trimestres

_________cursos

______________dias

_____________semanas

_____________meses

_____________años

No Sabe 98

B3. Ha tenido (NOMBRE) cualquiera de estos entrenamientos de trabajo ayuda en los últimos 12 meses? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE A LA B7	No	2
	No Sabe	8

B4. Quién le ha proporcionado este entrenamiento de trabajo o ayuda e
los últimos 12 meses? (PROBE: Alguien más?) (PUEDE LEER LAS
CATEGORIAS SI ES NECESARIO) (HAGA UN CIRCULO A TODO LO QUE APLICA

La secundaria o escuela de medios años, o sea, Jr. o Sr. High de el(la) joven	01
Un colegio especial para desabilitados	02
Un miembro de la familia o un amigo (a)	03
El que emplea al joven (Que no sea el Servicio Militar)	04
La Agencia de Rehabilitación Vocacional	05
Otra agencia de servicios (ESPECIFIQUE) ______________________________________	06
Un colegio universitario, de comunidad de dos años o de nivel de colegio junior	07
Escuela de comercio o escuela técnica	08
Colegio o universidad de 4 años	09
El Servicio Militar	10
Otro (ESPECIFIQUE)________________________	97
No sabe	98

B5. Que clase de entrenamiento de trabajo o ayuda ha tenido (NOMBRE) en los últimos 12 meses? Ha tenido él (ella) ....
(LEA LA LISTA, HAGA UN CIRCULO A UN CODIGO POR CADA CATEGORIA)

		Si	No	No sabe
	Pruebas para encontrar sus intereses de trabajo o habilidades.	1	2	8
	Entrenamiento en destreza de ciertos trabajos como por ejemplo, reparación de automóbiles o servicios de comidas.	1	2	8
	Entrenamiento en destreza básica necesitada para trabajar, como contar cambio de dinero, decir la hora o usar transporte público para llegar al trabajo.	1	2	8
	Consejo de empleo (por ejemplo ayuda en seleccionar el trabajo para el que (NOMBRE) esta capacitado)	1	2	8
	Ayuda en encontrar trabajo o cómo aprender a buscarlo.	1	2	8
NO LEA	Otro (ESPECIFIQUE)________________________	1	2	8

Para las preguntas B6, B11, B16, B21, B26, B31 y B40, hay dos pantallas disponibles al entrevistador que se excluyen mutuamente. La pantalla que aparece depende de la(s) respuesta(s) dada(s) por el respondiente a las preguntas B4, B10, B15, B20, B25, B30 Y B41, respectivamente.

QB6a. Pensando acerca de los ultimos 12 meses, por que tiempo recibio (NOMBRE) entrenamiento de empleo de (lo nombrado en QB4)?

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE LA PREGUNTA B6 ES AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO ENTRENAMIENTO DE EMPLEO DURANTE LOS ULTIMOS 12 MESES DE (LO NOMBRADO EN QB4).

("Probes" posibles para programas de entrenamiento de empleo basados en la escuela: "Continuó el entrenamiento de empleo el año escolar completo? Un semestre? Si la escuela es una escuela especial, una escuela de comercio u otra escuela, pregunte: "Cuantos meses del año va (NOMBRE) a esta escuela?" Recibió (NOMBRE) entrenemiento de empleo por todo ese tiempo? (Anote la duración (largo de tiempo) mas abajo.

Número total de	Días	1	que recibió el entrenamiento de empleo en los últimos 12 meses es igual a _______	
	Semanas	2		
	Meses	3		
	Trimestres (maximo permitido= 4 trimestres)	4		
	Semestres (maximo permitido= 2 semestres)	5	No sabe/no esta seguro(a)	998

QB6b. Durante este tiempo, esto es (tiempo mencionado en la QB6a) aproximadamente cuantas horas por día/semana/mes duro el entrenamiento de empleo?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE LA QB6 ES AVERIGUAR CON SEGURIDAD CUANTAS HORAS EN TOTAL EL ENTRENAMIENTO DE EMPLEO DURO DURANTE EL TIEMPO MENCIONADO MAS ARRIBA.

("Probes" posibles para simplificar o combinar cantidades de tiempo que fueron dadas por el respondiente: Si la respuesta del respondient combina períodos de tiempo combinado con una respuesta que sumariza tiempos, por ejemplo "El/ella fué dos veces a la semana por una hora a la vez" puede ser parafraseada: "Así es que el/ella recibió entrenamiento de trabajo 2 horas cada semana durante (tiempo mencionado en como duración mas arriba) (Anote la frecuencia de tiempo más abajo)

NUMERO TOTAL DE HORAS POR	NO USE SI Qb6a ES MENOS DE 7 DIAS	Día	1	que recibió entrenamiento de empleo durante tiempo mencionado arriba fué igual a____________
		Semana	2	
		Mes	3	

No sabe/No esta seguro(a) 998

SI HAY DOS O MAS PERIODOS DE ACTIVIDAD QUE PROVIENEN DE UNA SOLA FUENTE, EL ENTREVISTADOR ENTRARA UN CODIGO ESPECIAL Y LA PANTALLA SE REVERTIRA AL MODO DE LAS RESPUESTAS MULTIPLES)

En caso que haya dos o mas respuestas o dos o mas períodos de actividad de una sola fuente de QB4 la siguiente pantalla aparecerá:

- Vaya a la Hoja de Trabajo Especial
- Complete 1 Hoja de Trabajo Especial por cada una de las siguientes fuentes (o por cada período de actividad de una sola fuente).

(PRIMERA RESPUESTA DADA A LA QB4)

(SEGUNDA RESPUESTA DADA A LA QB4),

ETC.

QB6a. Durante los últimos 12 meses, por que tiempo aproximado recibio (NOMBRE) entrenamiento de trabajo de (primera/segunda respuesta mencionada mas arriba)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB6 ES AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO ENTRENAMIENTO DE TRABAJO DURANTE LOS ULTIMOS 12 MESES DE (FUENTE MENCIONADA EN QB4)

QB6b. Durante este período de tiempo, esto es (duración mencionada en QB6a), como cuantas horas por día/semana/mes duró el entrenamiento de empleo?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB6 ES AVERIGUAR CON SEGURIDAD CUANTAS HORAS EN TOTAL DURO EL ENTRENAMIENTO DE EMPLEO DURANTE EL TIEMPO MENCIONADO MAS ARRIBA.

("Probes" posibles para simplificar o combinar cantidades de tiempo que fueron dadas por el repondiente: Si la respuesta del respondiente combina períodos de tiempo combinado con una respuesta que sumariza tiempos, por ejemplo "El/ella fué dos veces a la semana por una hora a la vez" puede ser parafraseada: Asi es que el/ella recibió entrenamiento de empleo 2 horas cada semana durante (tiempo mencionado en " duración" mas arriba) (Anote la frecuencia de tiempo en la Hoja de Trabajo Especial para esta respuesta)

B7. Ha tenido alguna vez (NOMBRE) terapia del lenguaje (SI LE PREGUNTAN, ESTO PUEDE INCLUIR AYUDA DE UN MIEMBRO DE LA FAMILIA O UN AMIGO(A) (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE LA B12	No	2
	No Sabe	8

B8. En general, diría usted que (NOMBRE) ha recibido terapia del lenguaje o del habla por........(LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN CODIGO SOLAMENTE)

	Solo unos días	1
	Unas pocas semanas	2
	Unos pocos meses	3
	Cerca de un año	4
	Varios años, o	5
	La mayor parte de su vida	6
NO LEA	No Sabe	8

B9. Ha recibido (NOMBRE) alguna terapia del habla o del lenguaje en los ultimos 12 meses? (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA B12	No	2
	No Sabe	8

B10. Quién le ha dado a (NOMBRE) terapia del habla o del lenguaje en los ultimos 12 meses? ("PROBE": Alguien más?) (HAGA UN CIRCULO A TODO LO QUE SE APLIQUE)

La escuela secundaria o de medios años de el (la) joven	01
Una escuela secundaria especial para incapacitados	02
Una institución de educación pos-secundaria (Como una universidad o colegio universitario)	03
Un terapista privado	04
La agencia de Reabilitación Vocacional	05
Otra agencia de servicios (ESPECIFIQUE) ________________________	06
Un familiar o amigo(a)	07
Otro (ESPECIFIQUE)________________________	97
No sabe	98

QB11a. Pensando en los últimos 12 meses, por que cantidad de tiempo recibió (NOMBRE) terapia del habla o del lenguaje de (fuente nombrada en la QB10)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB11 IS AVERIGUAR CON SEGURIDAD LA DURACION (CANTIDAD DE TIEMPO) QUE (NOMBRE) RECIBIO TERAPIA DEL HABLA O DEL LENGUAJE DURANTE LOS ULTIMOS 12 MESES DE (FUENTE NOMBRADA EN QB10.)

("Probes" posibles para programas de terapia del habla o del lenguaje basados en la escuela: "Continuó la terapia del habla o del lenguaje el año escolar completo? Por un semestre? Si la escuela es una escuela especial, pregunte "Cuantos meses al año va (NOMBRE) a esta escuela? Recibió (NOMBRE) terapia del habla o del lenguaje el período completo? (Anote la duracion (largo de tiempo) mas abajo).

Numero Total de

Dias	1
Semanas	2
Meses	3
Trimestres (Maximo permitido son 4 trimestres)	4
Semestres (Maximo permitido son 2 semestres)	5

que la terapia del habla o del lenguaje fue recibida en los ultimos 12 mese fue igual a

____

No sabe/No esta seguro(a) 998

QB11b. Durante este período, esto es (duración que se mencionó en QB11a) como cuántas horas por día/semana/mes tuvo lugar la terapia del habla o del lenguaje?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB11 ES PARA AVERIGUAR CON SEGURIDAD CUANTAS HORAS EN TOTAL LA TERAPIA DEL HABLA Y DEL LENGUAJE SE LLEVO A CABO DENTRO DE LA DURACION DEL TIEMPO MENCIONADO MAS ARRIBA.

("Probes" posibles para simplificar o combinar las cantidades de tiempo dadas por el respondiente: Si la respuesta del respondiente combina períodos de tiempo parafraseado con una respuesta que sumariz el tiempo, como por ejemplo "El/ella fue dos veces por semana, una hora cada vez" puede ser parafraseada "Así es que el/ella recibió terapia del habla y del lenguaje dos horas cada semana durante (el largo del tiempo mencionado como duracion mas arriba) (Anote la frecuencia de tiempo mas abajo).

NUMERO TOTAL DE HORAS POR	NO USE SI Q.B6a ES MENOS DE 7 DIAS	Dia	1	que la terapia del habla y del lenguaje fue recibida durante el período mencionado arriba fue igual a ____________________
		Semana	2	
		Mes	3	

No sabe/No está seguro(a) 998

(SI HAY DOS O MAS PERIODOS DE ACTIVIDAD QUE PROVIENEN DE UNA SOLA FUENTE, EL ENTREVISTADOR ENTRARA UN CODIGO ESPECIAL Y LA PANTALLA SE REVERTIRA AL MODO DE LAS RESPUESTAS MULTIPLES.)

En el caso de dos o mas respuestas o dos o mas períodos de actividad de una misma fuente a QB10 la siguiente pantalla aparecerá"

- Vaya a la Hoja de Trabajo Especial
- Complete 1 Hoja de Trabajo Especial por cada una de las siguientes fuentes (o por cada período de actividad de una sola fuente)

(PRIMERA RESPUESTA DADA A LA QB10)

(SEGUNDA RESPUESTA DADA A LA QB10)

ETC.

QB11a. Durante los últimos 12 meses cómo por qué tiempo recibió (NOMBRE) terapia del habla y del lenguaje de (primera/ segunda, etc. respuesta mencionada mas arriba.)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB11 ES AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO TERAPIA DEL HABLA Y DEL LENGUANJE DURANTE LOS ULTIMOS 12 MESES DE (FUENTE MENCIONADA IN QB10).

("Probes" posibles para programas de terapia del habla y del lenguaje basados en la escuela: "Continuó la terapia del habla y del lenguaje el año escolar completo? Por un semestre? Si la escuela es una escuel especial, pregunte: "Cuantos meses del ano va (NOMBRE) a esta escuela Recibió (NOMBRE) terapia del habla y del lenguaje por ese período completo? (Anote la duración (largo de tiempo) en la Hoja Especial de Trabajo para esta respuesta.)

QB11b. Durante este período, esto es (la duración mencionada en QB11a), como cuántas horas por día/semana/mes la terapia del habla y del lenguaje tomó lugar?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB11 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL LA TERAPIA DEL HABLA Y DEL LENGUAJE OCURRIO.

("Probes" posibles para simplificar o combinar las cantidades de tiempo dada por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasée con una respuesta que sumariza el tiempo, por ejemplo: "El/ella fue dos veces por semana por una hor cada vez" puede se parafraseado "Asi es que (él/ella) recibió terapia del habla y del lenguaje dos horas cada semana durante (el largo de tiempo mencionado como duración mas arriba) (Anote la frecuencia del tiempo en la Hoja Especial de Trabajo para esta respuesta)

B12. Ha tenido (NOMBRE) alguna vez consejos personales o terapia? (SI LE PREGUNTAN, QUEREMOS DECIR CONSEJOS PSICOLOGICOS, SERVICIOS DE SALUD MENTAL, TERAPIA DEL ABUSO DE LAS DROGAS, O TERAPIA EN GRUPO) (ESTO PUEDE INCLUIR AYUDA DE UN MIEMBRO DE LA FAMILIA O AMIGO(A). (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA B17	No	2
	No Sabe	8

B13. En general, ha recibido (NOMBRE) consejos personales o terapia por....(LEAS LAS CATEGORIAS, HAGA UN CIRCULO A UN CODIGO SOLAMENTE)

	Solo unos días	1
	Unas pocas semanas	2
	Unos pocos meses	3
	Alrededor de un año	4
	Varios años, o	5
	Casi toda su vida	6
NO LEA	No Sabe	8

B14. Ha recibido (NOMBRE) alguna terapia o consejos personales en los últimos 12 meses? (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA B17	No	2
	No Sabe	8

B15. Quien le ha dado a (NOMBRE) terapia o consejos personales en los últimos 12 meses? (PROBE: Alguien más?) (HAGA UN CIRCULO A TODO LO QUE SE APLIQUE)

La escuela de secundaria o medios años del joven	01
Una escuela especial para incapacitados	02
Un familiar o amigo(a)	03
Un terapista privado	04
La agencia de Reabilitación Vocacional	05
Otra agencia de servicios (ESPECIFIQUE) ____________________	06
Un colegio pre-universitario, de 2 años o comunitario	07
Una escuela de oficio o técnica	08
Una universidad o colegio de 4 años	09
El servicio militar	10
Otro (ESPECIFIQUE) ____________________	97
No Sabe	98

QB16a. Pensando acerca de los ultimos 12 meses, por qué cantidad de tiempo recibió (NOMBRE) consejos personales o terapia de (fuente nombrada in QB15)?

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB16 ES PARA AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO CONSEJOS PERSONALES O TERAPIA DURANTE LOS ULTIMOS 12 MESES DE (FUENTE NOMBRADA EN QB15).

("Probes" posibles para programas de consejos personales o terapia basados en la escuela: "Continuó los consejos personales o terapia el año escolar completo? Por un semestre"? Si la escuela es una escuela especial o escuela de comercio, pregunte: "Cuantos meses al año va (NOMBRE) a esta escuela? Recibió (NOMBRE) consejos personales o terapia por ese período completo? (Anote la duración (largo de tiempo) mas abajo).

Número total de	Dias	1	que consejos personales o terapia fue recibido en los ultimos 12 meses es igual a ________________
	Semanas	2	
	Meses	3	
	Trimestres (maximo permitido es 4 trimestres	4	
	Semestres (maximo permitido es 2 semestres	5	No sabe/no esta seguro(a) 998

QB16b. Durante este período, esto es (duración mencionada en QB16a) como cuántas horas por día/semana/mes tuvo lugar los consejos personales o terapia?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB16 ES AVERIGUAR CON SEGURIDAD QUE DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL OCURRIO LOS CONSEJOS PERSONALES O TERAPIA.

"Probes" posibles para simplificar o combinar cantidades de tiempo dadas por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasée con una respuesta que sumariza el tiempo como por ejemplo: "El/ella fué dos veces por semana una hora cad vez" puede ser parafraseada "Así es que (el/ella) recibió consejos personales o terapia dos horas por cada semana durante (largo de tiempo mencionado como duracion mas arriba) (Anote la frecuencia de tiempo mas abajo)

		Día	1
NUMERO TOTAL DE HORAS POR	NO USE SI Q. B6a ES MENOS DE 7 DIAS	Semana	2
		Mes	3

que consejos personales o terapia fue recibida durante el período de tiempo mencionado mas arriba es igual a ____________________

No sabe/ no está seguro(a) 998

(SI HAY DOS O MAS PERIODOS DE ACTIVIDAD QUE PROVIENEN DE UNA SOLA FUENTE, EL ENTREVISTADOR ENTRARA UN CODIGO ESPECIAL Y LA PANTALLA SE REVERTIRA AL MODO DE LAS RESPUESTAS MULTIPLES.)

En el caso de dos o mas respuestas o dos o mas períodos de actividad de una misma fuente a QB15 la siguiente pantalla aparecerá:

- Vaya a la Hoja de Trabajo Especial
- Complete 1 Hoja de Trabajo Especial por cada una de las siguientes fuentes (o por cada periodo de actividad de una sola fuente)

(PRIMERA RESPUESTA DADA A LA QB15)

(SEGUNDA RESPUESTA DADA A LA QB15),

ETC.

QB16a. Durante los últimos 12 meses cómo por qué tiempo recibió (NOMBRE) consejos personales o terapia de (primera/segunda/etc. respuesta mencionada mas arriba)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB16 ES AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO CONSEJOS PERSONALES O TERAPIA DURNATE LOS ULTIMOS 12 MESES DE (FUENTE MENCIONADA EN QB15).

("Probes" posibles para programas de consejos personales o terapia basados en la escuela: "Continuó el programa de consejos personales y terapia el año escolar completo? Por un semestre? Si la escuela es un escuela especial o escuela de comercio, pregnte: "Cuantos meses del año va (NOMBRE) a esta escuela? Recibió (NOMBRE) consejos personales o terapia por ese período completo? (Anote la duración (largo de tiempo) en la Hoja Especial de Trabajo para esta respuesta.)

QB16b. Durante este período, esto es (la duración mencionada en QB16a), como cuantas horas por dia/semana/mes los consejos personales o la terapia tomó lugar?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB16 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL LOS CONSEJOS PERSONALES O TERAPIA OCCURRIO

("Probes" posibles para simplificar o combinar las cantidades de tiempo dada por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasée con una respuesta que sumariza el tiempo, por ejemplo: "El/ella fué dos veces por semana por una hor cada vez" puede ser parafraseado "Así es que (el/ella) recibió consejos personales o terapia dos horas cada semana durante (el largo de tiempo mencionado como duración mas arriba) (Anote la frecuencia del tiempo en la Hoja Especial de Trabajo para esta respuesta)

B17. Ha tenido (NOMBRE) alguna vez terapia ocupacional u otras instrucciones en habilidades de la vida cotidiana que no sea de familiares o amistades? Habilidades de la vida cotidiana puede incluir aprender a administrar dinero, aprender a cocinar o manejo domestico. La terapia ocupacional puede incluir ayuda en aprender a alimentarse, vestirse o aseo personal. (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA B22	No	2
	No Sabe	8

B18. Aproximadamente que tiempo ha recibido (NOMBRE) terapia ocupacional o instrucción en habilidades de la vida cotidiana? (ENTRE LA INFORMACION O HAGA UN CIRCULO AL CODIGO)

__________semestres	___________dias
__________trimestres	__________semanas
__________cursos	__________meses
	__________años
	No Sabe 98

B19. Ha recibido (NOMBRE) terapia ocupacional o instrucciones en habilidades de la vida cotidiana otra persona que no sea familia o amistad en los últimos 12 meses?

	Si	1
SALTE A LA B22	No	2
	No Sabe	8

B20. Quién le ha proporcionado a (NOMBRE) terapia ocupacional o instrucciones en habilidades de la vida cotidiana en los últimos 12 meses? (PROBE: Alguien mas?) (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

El Jr o Sr High del jóven	01
Una escuela especial de desabilitados	02
Un colegio preuniversitario de 2 años, jr, o de la comunidad	03
La agencia de Rehabilitacion Vocacional	04
Otra agencia de servicio (ESPECIFIQUE)______________________________	05
Una escuela de oficio o técnica	06
Otra escuela	07
Las Fuerzas Armadas	08
Un terapista ocupacional privado	09
Otro (ESPECIFIQUE)_________________________	97
No Sabe	98

QB21a. Pensando acerca de los últimos 12 meses, por qué cantidad de tiempo recibió (NOMBRE) terapia ocupacional o instrucciones en habilidades de la vida cotidiana de (fuente nombrada en QB20)?

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB21 ES PARA AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO TERAPIA OCUPACIONAL O INSTRUCCIONES EN HABILIDADES DE LA VIDA COTIDIANA DURANTE LOS ULTIMOS 12 MESES DE (FUENTE NOMBRADA EN QB20)

("Probes" posibles para terapia ocupacional o instrucciones en habilidades de la vida cotidiana basados en la escuela: "Continuó la terapia ocupacional o instrucciones en habilidades de la vida cotidiana el año escolar completo? Por un semestre? Si la escuela es una escuela especial o escuela de comercio, pregunte: Cuántos meses al año va (NOMBRE) a esta escuela? Recibió (NOMBRE) terapia ocupacional o instrucciones en habilidades de la vida cotidiana por ese período completo? (Anote la duración (largo de tiempo) más abajo).

Número
Total de

Días	1
Semanas	2
Meses	3
Trimestres (máximo permitido es 4 trimestres)	4
Semestres (máximo permitido es 2 semestres)	5

que terapia ocupacional o instrucciones de habilidades de la vida cotidiana fue recibida en los ultimos 12 mese es igual a

____

No sabe/no está seguro(a) 998

QB21b. Durante este período, esto (duración mencionada en QB21a) como cuántas horas por día/semana/mes tuvo lugar la terapia ocupacional o instrucciones de habilidades de la vida cotidiana?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB21 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL OCURRIO LA TERAPIA ACUPACIONAL O INSTRUCCIONES DE HABILIDADES DE LA VIDA COTIDIANA.

"Probes" posibles para simplificar o combinar cantidades de tiempo dadas por el respondiente: Sí la respuesta del respondiente combina periodos de tiempo, parafrasée con una respuesta que sumariza el tiempo como por ejemplo: "El/ella fue dos veces por semana una hora cada vez" puede ser parafraseada "Así es que (el/ella) recibió terapia ocupacional o instrucciones de habilidades de la vida cotidiana dos horas por semana durante (largo de tiempo mencionado como duracion más arriba) (Anote la frecuencia de tiempo más abajo)

NUMERO TOTAL DE HORAS POR	NO USE SI Q.B6a ES MENOS DE 7 DIAS	Dia	1
		Semana	2
		Mes	3

que terapia ocupacional o instrucciones de habilidades de la vida cotidiana fue recibida durante el período de tiempo mencionado más arriba es igual a

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No sabe/no está seguro(a) 998

(SI HAY DOS O MAS PERIODOS DE ACTIVIDAD QUE PROVIENEN DE UNA SOLA FUENTE, EL ENTREVISTADOR ENTRARA UN CODIGO ESPECIAL Y LA PANTALLA SE REVERTIRA AL MODO DE LAS RESPUESTAS MULTIPLES.)

En el caso de dos o más repuestas o dos a más períodos de actividad de una misma fuente a QB20 la siguiente pantalla aparecerá:

- **Vaya a la Hoja de Trabajo Especial**
- **Complete 1 Hoja de Trabajo Especial por cada una de las siguientes fuentes (o por cada período de actividad de una sola fuente)**

(PRIMERA RESPUESTA DADA A LA QB20)

(SEGUNDA RESPUESTA DADA A LA QB20)

ETC.

QB21a. Durante los últimos 12 meses como por qué tiempo recibió (NOMBRE) terapia ocupacional o intrucciones de habilidades de la vida cotidiana de (primera/segunda/etc respuesta mencionada mas arriba)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB21 IS AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO TERAPIA OCUPACIONAL O INSTRUCCIONES DE HABILIDADES DE LA VIDA COTIDIANA DURANTE LOS ULTIMOS 12 MESES DE (FUENTE MENCIONADA EN QB20).

("Probes" posibles para programas de consejos personales o terapia basados en la escuela: "Continuó el programa de terapia ocupacional o instrucciones de habilidades de la vida cotidiana el año escolar completo? Por un semestre? Si la escuela es una escuela especial, o escuela de comercio, pregunte: "Cuántos meses del año (NOMBRE) a esta escuela? Recibio (NOMBRE) terapia ocupacional o instrucciones de habilidades de la vida cotidiana por este período completo? (Anote la duración (largo de tiempo) en la Hoja Especial de Trabajo para esta respuesta.)

QB21b. Durante este período, esto es (la duración mencionada en QB21a), como cuántas horas por día/semana/mes la terapia ocupacional o instrucciones de habilidades de la vida cotidiana tomó lugar?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB21 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL LA TERAPIA OCUPACIONAL O INSTRUCCIONES DE HABILIDADES DE LA VIDA COTIDIANA OCURRIO.

("Probes" posibles para simplificar o combinar las cantidades de tiempo dada por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasée con una respuesta que sumariza el tiempo, por ejemplo: "El/ella fue dos veces por semana por una hor cada vez" puede ser parafraseado "Así es que (el/ella) recibió terapia ocupacional o instrucciones de habilidades de la vida cotidiana dos hora cada semana durante (el largo de tiempo mencionado como duración mas arribqa) (Anote la frecuencia del tiempo en la HojaEspecial de Trabajo para esta respuesta)

B22. Ha tenido (NOMBRE) alguna vez, un maestro privado, un lector que le ayude a entender material escrito, o un interprete que le ayude a comunicase? (SI LE PREGUNTAN, esto puede incluir ayuda de un miembro de la familia o amigo(a)) (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE AL CHECKPOINT	No	2
	No Sabe	8

B23. En general, que cantidad de tiempo ha recibido (NOMBRE) ayuda de un maestro privado, de un lector o un intérprete? Diría usted que ha sido por........(LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN SOLO CODIGO)

	Solo unos días	1
	Unas pocas semanas	2
	Unos cuantos meses	3
	Alrededor de un año	4
	Varios años, o	5
	Casi toda su vida	6
NO LEA	No Sabe	8

B24. Ha recibido (NOMBRE) alguna ayuda de un maestro privado, de un lector, o intérprete en los ultimos 12 meses? (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE AL "CHECKPOINT	No	2
	No Sabe	8

B25. Quien ha sido el maestro privado, el lector o intérprete de (NOMBRE) en los últimos 12 meses? ("PROBE": Alguien más?) (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

Un miembro de la familia o amigo(a)	01
Otro estudiante	02
Personal de la secundaria o escuela de medios anos, o sea, Jr. o Sr. High School	03
Personal de una escuela especial secundaria para incapacitados	04
Personal de una escuela intermedia, universidad de dos años o de comunidad	05
Personal de una escuela técnica o de comercio	06
Personal de una universidad o colegio universitario de cuatro años	07
Alguien de una agencia	08
Alguien del servicio militar	09
Otro (ESPECIFIQUE)______________________________	97
No Sabe	98

QB26a. Pensando acerca de los ultimos 12 meses, por que cantidad de tiempo recibió (NOMBRE) ayuda de un maestro privado, un lector o intérprete de (fuente nombrada en QB25)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB26 ES PARA AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO AYUDA DE UN MAESTRO PRIVADO, UN LECTOR O INTERPRETE DURANTE LOS ULTIMOS 12 MESES DE (FUENTE NOMBRADA EN QB25)

("Probes" posibles para programas de ayuda de maestros privados, lectores o intérpretes basados en la escuela: "Continuó la ayuda de un maestro privado, un lector o intérprete el año escolar completo? Por un semestre? Si la escuela es una escuela especial o escuela de comercio, pregunte: Cuántos meses al año va (NOMBRE) a esta escuela? Recibió (NOMBRE) ayuda de un maestro privado, lector o interprete por ese período completo? (Anote la duración (largo de tiempo) más abajo)

Número Total de	Días	1	que ayuda de un maestro privado, un lector o intérprete fue recibida los últimos 12 mese es igual a ____________
	Semanas	2	
	Meses	3	
	Trimestres (máximo permitido es 4 trimestres)	4	
	Semestres (máximo permitido es 2 semestres)	5	

No sabe/no está seguro(a) 998

QB26b. Durante este período, esto es (duración mencionada en QB26a) como cuántas horas por día/semana/mes tuvo lugar la ayuda de u maestro privado, lector o intérprete?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB26 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL OCURRIO LA AYUDA DE UN MAESTRO PRIVADO, UN LECTOR O INTERPRETE.

"Probes" posibles para simplificar o combinar cantidades de tiempo dadas por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasee con una respuesta que sumariza el tiempo como por ejemplo: "El/ella fué dos veces por semana una hora cada vez" puede ser parafraseada "Asi es que (el/ella) recibió ayuda de un maestro privado, un lector o intérprete dos horas por semana durante (largo de tiempo mencionado como duración mas arriba) (Anote la frecuencia de tiempo mas abajo)

		Dia	1
NUMERO TOTAL DE HORAS POR	NO USE SI QB6a ES MENOS DE 7 DIAS	Semana	2
		Mes	3

que ayuda de un maestro privado, un lector o un interprete fue recibida durante el período de tiempo mencionado mas arriba es igual a

____

No sabe/no esta seguro(a) 998

(SI HAY DOS O MAS PERIODOS DE ACTIVIDAD QUE PROVIENEN DE UNA SOLA FUENTE, EL ENTREVISTADOR ENTRARA UN CODIGO ESPECIAL Y LA PANTALLA SE REVERTIRA AL MODO DE LAS RESPUESTAS MULTIPLES.)

En el caso de dos o mas repuestas o dos o mas períodos de actividad de una misma fuente a QB25 la siguiente pantalla aparecerá:

- Vaya a la Hoja de Trabajo Especial
- Complete 1 Hoja de Trabajo Especial por cada una de las siguientes fuentes (o por cada periodo de actividad de una sola fuente)

(PRIMERA RESPUESTA DADA A LA QB25)

(SEGUNDA RESPUESTA DADA A LA QB25)

ETC.

QB26a. Durante los últimos 12 meses como por que tiempo recibió (NOMBRE) ayuda de un maestro privado, lector o intérprete de (primera/segunda/etc respuesta mencionada mas arriba)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB26 IS AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO AYUDA DE UN MAESTRO PRIVADO, LECTOR O INTERPRETE DURANTE LOS ULTIMOS 12 MESES DE (FUENTE MENCIONADA EN QB25).

("Probes" posibles para programas de maestro privado, lector o intérpretes basados en la escuela: "Continuó la ayuda del maestro privado, lector o interprete el año escolar completo? Por un semestre Si la escuela es una escuela especial, o escuela de comercio, pregunte: "Cuantos meses del año va (NOMBRE) a esta escuela? Recibio (NOMBRE) ayuda de un maestro privado, lector o interprete por este período completo? (Anote la duración (largo de tiempo) en la Hoja Especial de Trabajo para esta respuesta.)

QB26b. Durante este período , esto es (la duración mencionada en (QB26a), como cuantas horas por dia/semana/mes la ayuda de de un maestro privado, lector o intérprete tomo lugar?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB26 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL LA AYUDA DE UN MAESTRO PRIVADO, LECTOR O INTERPRETE TOMO LUGAR.

("Probes" posibles para simplificar o combinar las cantidades de tiempo dada por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasée con una respuesta que sumariza el tiempo, por ejemplo: "El/ella fué dos veces por semana por una hor cada vez" puede ser parafraseado "Asi es que (el/ella) recibió ayuda de un maestro privado, un lector o intérprete dos hora cada semana durante (el largo de tiempo mencionado como duración mas arriba) (Anote la frecuencia del tiempo en la Hoja Especial de Trabaj para esta respuesta)

"CHECKPOINT" DEL ENTREVISTADOR:

SI EL JOVEN SOLO TIENE IMPEDIMENTOS DE APRENDISAJE, ESTA EMOCIONALMENTE PERTURBADO O TIENE IMPEDIMENTOS DEL HABLA, SALTE AL "CHECKPOINT" ANTES DE LA B44*

B27 Ha tenido (NOMBRE) alguna vez terapia física, entrenamineto para aprender a movilizarse u otra ayuda con sus deficiencias físicas? (SI LE PREGUNTAN, ESTO PUEDE INCLUIR AYUDA DE UN MIEMBRO DE LA FAMILIA O AMIGO(A); PUEDE TAMBIEN INCLUIR TRATAMIENTO MEDICO PARA SUS DEFICIENCIAS) (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA B32	No	2
	No Sabe	8

B28. En general, ha tenido (NOMBRE) ayuda con sus impedimentos físicos por.......(LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN SOLO CODIGO)

	Solo unos días	1
	Unas cuantas semanas	2
	Unos cuantos meses	3
	Alrededor de un año	4
	Varios años	5
	Casi toda su vida	6
NO LEA	No Sabe	8

B29. Ha tenido (NOMBRE) alguna ayuda con sus impedimentos físicos en los últimos 12 meses? (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA B32	No	2
	No Sabe	8

B30. Quién le ha prestado ayuda a (NOMBRE) con sus impedimentos físicos en los últimos 12 meses? ("PROBE": Alguien mas?) (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

La escuela secundaria o de medios años, o sea el "Jr. o Sr. High de el(la) joven	01
Una escuela secundaria especial para incapacitados	02
Una escuela pos-secundaria, por ejemplo una universidad o colegio universitario	03
La Agencia de Reabilitación Vocacional	04
Otra agencia de servicios (ESPECIFIQUE)____	05
Un miembro de la familia o amigo(a)	06
Un terapista privado o practicante de medicina	07
Otro (ESPECIFIQUE)_______________________________________	97
No Sabe	98

QB31a. Pensando acerca de los ultimos 12 meses, por que cantidad de tiempo recibió (NOMBRE) ayuda con sus impedimentos físicos de (fuente nombrada en QB30)?

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB31 ES PARA AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO AYUDA CON SUS IMPEDIMENTOS FISICOS DURANTE LOS ULTIMOS 12 MESES DE (FUENTE NOMBRADA EN QB30)

("Probes" posibles para programas de ayuda a personas con impedimento físicos basados en la escuela: "Continuó la ayuda con los impedimento físicos el año escolar completo? Por un semestre? Si la escuela es un escuela especial o escuela de comercio, pregunte: Cuantos meses al añ va (NOMBRE) a ésta escuela? Recibió (NOMBRE) ayuda con sus impedimentos físicos por ese período completo? (Anote la duración (largo de tiempo) mas abajo).

Número Total de	Dias	1	que ayuda con sus impedimentos físicos fué recibida en los últimos 12 mese es igual a ______________
	Semanas	2	
	Meses	3	
	Trimestres (máximo permitido es 4 trimestres)	4	
	Semestres (máximo permitido es 2 semestres)	5	
			No sabe/no esta seguro(a) 998

QB31b. Durante este período, esto es (duración mencionada en QB31a) como cuántas horas por dia/semana/mes tuvo lugar la ayuda con sus impedimentos físicos?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB31 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL OCURRIO LA AYUDA CON IMPEDIMENTOS FISICOS.

"Probes" posibles para simplificar o combinar cantidades de tiempo dadas por el respondiente: Sí la respuesta del respondiente combina períodos de tiempo, parafrasée con una respuesta que sumariza el tiempo como por ejemplo: "El/ella fué dos veces por semana una hora cada vez" puede ser parafraseada "Asi es que (el/ella) recibió ayuda con sus impedimentos físicos dos horas por semana durante (larg de tiempo mencionado como duración mas arriba) (Anote la frecuencia d tiempo mas abajo)

NUMERO TOTAL DE HORAS POR	NO USE SI Q.B6a ES MENOS DE 7 DIAS	Dia	1	que ayuda con sus impedimentos físicos fue recibida durante período de tiempo mencionado mas arriba es igual a ________________
		Semana	2	
		Mes	3	

No sabe/no está seguro(a) 998

(SI HAY DOS O MAS PERIODOS DE ACTIVIDAD QUE PROVIENEN DE UNA SOLA FUENTE, EL ENTREVISTADOR ENTRARA UN CODIGO ESPECIAL Y LA PANTALLA SE REVERTIRA AL MODO DE LAS RESPUESTAS MULTIPLES.)

En el caso de dos o mas repuestas o dos a mas períodos de actividad de una misma fuente a QB30 la siguiente pantalla aparecerá:

- Vaya a la Hoja de Trabajo Especial
- Complete 1 Hoja de Trabajo Especial por cada una de las siguientes fuentes (o por cada periodo de actividad de una sola fuente)

(PRIMERA RESPUESTA DADA A LA QB30)

(SEGUNDA RESPUESTA DADA A LA QB30)

ETC.

QB31a. Durante los últimos 12 meses como por que tiempo recibió (NOMBRE) ayuda con sus impedimentos físicos de (primera/segunda/etc respuesta mencionada más arriba)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB31 IS AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO AYUDA CON SUS IMPEDIMENTOS FISICOS DURANTE LOS ULTIMOS 12 MESES DE (FUENTE MENCIONADA EN QB25).

("Probes" posibles para programas de ayuda de impedimentos físicos basados en la escuela: "Continuó la ayuda con sus impedimentos físicos el año escolar completo? Por un semestre? Si la escuela es un escuela especial, o escuela de comercio, pregunte: "Cuántos meses del año va (NOMBRE) a esta escuela? Recibió (NOMBRE) ayuda con sus impedimentos fisicos por este período completo? (Anote la duración (largo de tiempo) en la Hoja Especial de Trabajo para esta respuesta.

QB31b. Durante este período, esto es (la duración mencionada en QB31a), como cuantas horas por dia/semana/mes la ayuda con sus impedimentos físicos tomo lugar?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB31 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL OCURRIO LA AYUDA CON SUS IMPEDIMENTOS FISICOS.

("Probes" posibles para simplificar o combinar las cantidades de tiempo dada por el respondiente: Si la respuesta del respondiente combina periodos de tiempo, parafrasee con una respuesta que sumariza el tiempo, por ejemplo: "El/ella fué dos veces por semana por una hor cada vez" puede ser parafraseado "Así es que (el/ella) recibió ayuda con sus impedimentos físicos dos hora cada semana durante (el largo de tiempo mencionado como duración más arriba) (Anote la frecuencia del tiempo en la Hoja Especial de Trabajo para esta respuesta)

B32. Ha recibido (NOMBRE) alguna vez ayuda especial con la transportacion, debido a su impedimento, de otros que no sean familiares o amigos? (SI LE PREGUNTAN, POR AYUDA ESPECIAL QUEREMOS DECIR COSAS COMO TRANSPORTE EN "VANS" ESPECIALES O AUTOBUSES PROVISTAS POR OTROS, O HA TENIDO UN AYUDANTE QUE VA CON EL(LA) JOVEN PARA AYUDARLE A SUBIR Y BAJAR DEL OMNIBUS, O HA RECIBIDO TRANSPORTE REGULARMENTE DE ALGUIEN EN UNA AGENCIA.) HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No Sabe	8

B33. Ha recibido (NOMBRE) alguna ayuda especial con la transportación en los ultimos 12 meses? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE AL CHECKPOINT	No	2
	No Sabe	8

B34. Quien le ha dado ayuda especial a (NOMBRE) con la transportación ("PRÓBE": Alguien más?) (HAGA UN CIRCULO A TODO LO QUE APLIQUE.)

La escuela secundaria o de medios años, o sea el "Jr o Sr High" de el (la) joven	01
Una escuela especial de desabilitados	02
Otra escuela	03
La agencia de Reabilitación Vocacional	04
Otra agencia de servicio (ESPECIFIQUE)________________________________	05
Otro (ESPECIFIQUE)________________________	97
No Sabe	98

B35 Que clase de ayuda en transportación ha tenido (NOMBRE) en los últimos 12 meses? (PUEDE LEER LAS CATEGORIAS SI ES NECESARIO) (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

Ha sido llevado en "vans" u omnibus especiales para desabilitados	01
Ayuda en abordar automóbiles o transporte público	02
Ayuda en ir caminando a la escuela o el trabajo	03
La familia o el(la) joven poseen un vehículo adaptado para el uso de los incapacitados	04
Alguien que le empuje la silla de ruedas	05
Le llevan a lugares que no podría llegar de otra manera	06
Otro (ESPECIFIQUE)________________________________	97
No Sabe	98

"CHECKPOINT" DEL ENTREVISTADOR:
SI EL JOVEN NO TIENE DIFICULTAD EN OIR, NO ES SORDO, SORDO/CIEGO, O NO ES INCAPACITADO MULTIPLE, SALTE AL "CHECKPOINT".

B36. Ha tenido (NOMBRE) alguna vez terapia para la pérdida auditiva, como instruccion en leer labios o lenguaje de señas? (SI LE PREGUNTAN, ESTO PUEDE INCLUIR AYUDA DE UN MIEMBRO DE LA FAMILIA O AMIGO(A). (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No Sabe	8

B37. En general, ha recibido (NOMBRE) terapia de la pérdida auditiva por.....(LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN CODIGO)

	Sólo unos días	1
	Unas pocas semanas	2
	Unos pocos meses	3
	Alrededor de un año	4
	Varios años	5
	La mayor parte de su vida	6
NO LEA	No Sabe	8

B38. Ha recibido (NOMBRE) terapia para la pérdida auditiva en los últimos 12 meses? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No Sabe	8

B39. Quien le ha dado a (NOMBRE) terapia para la pérdida auditiva en los últimos 12 meses? ("Probe": Alguien más? (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

La escuela secundaria o de medios años, o sea el "Jr.o Sr. High" de el(la) joven	01
Una escuela secundaria especial para incapacitados	02
Una escuela pos-secundaria, por ejemplo una universidad o colegio universitario	03
La Agencia de Reabilitación Vocacional	04
Otra agencia de servicios (ESPECIFIQUE)____	05
Un miembro de la familia o amigo(a)	06
Un terapista privado o un practicante médico	07
Otro (ESPECIFIQUE)________________________________	97
No Sabe	98

QB40a. Pensando acerca de los últimos 12 meses, por que cantidad de tiempo recibió (NOMBRE) terapia de la pérdida auditiva de (fuente nombrada en QB39)?

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB40 ES PARA AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO TERAPIA DE LA PERDIDA AUDITIVA DURANTE LOS ULTIMOS 12 MESES DE (FUENT NOMBRADA EN QB39)

("Probes" posibles para programas de terapia de la pérdida auditiva basados en la escuela: Continuó la terapia de la pérdida auditiva - el año escolar completo? Por un semestre? Si la escuela es una escuela especial o escuela de comercio, pregunte: Cuantos meses al año va (NOMBRE) a esta escuela? Recibió (NOMBRE) terapia de la pérdida auditiva por ese período completo? (Anote la duración (largo de tiempo) mas abajo).

Número
Total de

Dias	1
Semanas	2
Meses	3
Trimestres (máximo permitido es 4 trimestres)	4
Semestres (máximo permitido es 2 semestres)	5

que terapia de perdida auditiva fué recibida durant los ultimos 12 meses es igual

____

No sabe/no está seguro(a) 99

QB40b. Durante este periodo, (duración mencionada en QB40a) como cuántas horas por día/semana/mes tuvo lugar la terapia de perdida auditiva?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB40 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL OCURRIO LA TERAPIA DE PERDIDA AUDITIVA

"Probes" posibles para simplificar o combinar cantidades de tiempo dadas por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasee con una respuesta que sumariza el tiempo como por ejemplo: "El/ella fué dos veces por semana una hora cada vez" puede ser parafraseada "Asi es que (él/ella) recibió terapia de pérdida auditiva dos horas por semana durante (largo de tiempo mencionado como duración mas arriba) (Anote la frecuencia de tiempo mas abajo)

NÚMERO TOTAL DE HORAS POR	NO USE SI Q.B6a ES MENOS DE 7 DIAS	Día	1
		Semana	2
		Mes	3

que terapia para pérdida auditiva fué recibida durante el períod de tiempo mencionado arriba fu igual a ________

No sabe/no esta seguro(a) 998

(SI HAY DOS O MAS PERIODOS DE ACTIVIDAD QUE PROVIENEN DE UNA SOLA FUENTE, EL ENTREVISTADOR ENTRARA UN CODIGO ESPECIAL Y LA PANTALLA SE REVERTIRA AL MODO DE LAS RESPUESTAS MULTIPLES.)

En el caso de dos o más repuestas o dos a mas períodos de actividad de una misma fuente a QB39 la siguiente pantalla aparecerá:

- Vaya a la Hoja de Trabajo Especial
- Complete 1 Hoja de Trabajo Especial por cada una de las siguientes fuentes (o por cada período de actividad de una sola fuente)

(PRIMERA RESPUESTA DADA A LA QB39)

(SEGUNDA RESPUESTA DADA A LA QB39)

ETC.

QB40a. Durante los últimos 12 meses como por qué tiempo recibió (NOMBRE) terapia de pérdida auditiva de (primera/segunda/etc respuesta mencionada más arriba)

ENTREVISTADOR: EL PROPOSITO DE ESTA SECCION DE QB31 ES AVERIGUAR CON SEGURIDAD LA DURACION (LARGO DE TIEMPO) QUE (NOMBRE) RECIBIO TERAPIA DE PERDIDA AUTITIVA DURANTE ULTIMOS 12 MESES DE (FUENTE MENCIONADA EN QB39).

("Probes" posibles para programas de terapia para la pérdidad auditiv basados en la escuela: "Continuó el programa de terapia de la pérdida auditiva durante el año escolar completo? Por un semestre? Si la escuela es una escuela especial, o escuela de comercio, pregunte: "Cuantos meses del año[illegible](NOMBRE) a esta escuela? Recibió (NOMBRE) terapia de la perdida auditiva por este período completo? (Anote la duración (largo de tiempo) en la Hoja Especial de Trabajo para esta respuesta.)

QB40b. Durante este período, esto es (la duración mencionada en QB40a), como cuántas horas por dia/semana/mes la terapia de la perdida auditiva tomó lugar?

ENTREVISTADOR: EL PROPOSITO DE ESTA PARTE DE QB40 ES AVERIGUAR CON SEGURIDAD QUE, DENTRO DE LA DURACION DEL TIEMPO MENCIONADO ARRIBA, POR CUANTAS HORAS EN TOTAL LA TERAPIA DE LA PERDIDA AUDITIVA OCURRIO.

"Probes" posibles para simplificar o combinar las cantidades de tiemp dada por el respondiente: Si la respuesta del respondiente combina períodos de tiempo, parafrasée con una respuesta que sumariza el tiempo, por ejemplo: "El/ella fue dos veces por semana por una hora cada vez" puede ser parafraseado "Así es que (el/ella) recibió terapia de la pérdida auditiva dos horas por semana durante (el largo de tiempo mencionado como duración mas arriba) (Anote la frecuencia del tiempo en la Hoja Especial de Trabajo para esta respuesta.)

"CHECKPOINT" DEL ENTREVISTADOR:

SI EL(LA) JOVEN NO ES SORDO/CIEGO, IMPEDIDO VISUALMENTE, NO ESTA ORTOPEDICAMENTE IMPEDIDO, NO TIENE IMPEDIMENTOS MULTIPLES U OTROS IMPEDIMENTOS DE SALUD, SALTE AL "CHECKPOINT"

B41. Ha pagado (NOMBRE) alguna vez a un ayudante personal, tal como una enfermera privada en la casa o alguien que le ayude durante el día o la noche? (SI LE PREGUNTAN, NOS ESTAMOS REFIRIENDO A CUIDADOS EN LA CASA, NO, POR EJEMPLO CUIDADOS DE ENFERMERAS EN UN HOSPITAL) (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No Sabe	3

B42.. Ha pagado (NOMBRE) a un asistente personal en los últimos 12 meses? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No Sabe	8

B43. Ha habido algún cambio en el sitio donde (NOMBRE) ha vivido para hacerle mas fácil vivir alli con su impedimento (por ejemplo, se han añadido rampas para sillas de rueda o pasamanos etc.?) (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:

SI NO ESTA RECIBIENDO SERVICIOS DE REABILITACION VOCACIONAL (B4 Y B10 Y B15 NO SON 5; Y B20 Y B30 Y B34 Y B39 NO SON 4), SALTE A LA B45.

SI ESTA RECIBIENDO SERVICIOS DE REABILITACION VOCACIONAL (B4 o B10 o BB15 = 5 o B20 o B30 o B34 O B39 = 4), PREGUNTE LA B44.

B44. Cuál es el nombre del director de Reabilitación Vocacional que está encargado(a) del caso de (NOMBRE)? Cual es su dirección y el número de teléfono donde se puede localizar? (ANOTE LA INFORMACION EN LA HOJA "VBA" ROSA)

NOMBRE:____

DIRECCION____
Calle Ciudad

TELEFONO____

No Sabe 98

SALTE AL CHECKPOINT

B45. En los últimos 12 meses, ha tenido (NOMBNRE) un encargado del caso en la escuela o en una agencia de servicio? Encargado del caso quiere decir alguien que coordina servicios de diferentes agencias que recibe (NOMBRE). (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8

SI EL(LA) JOVEN TIENE MENOS DE 16 AÑOS, SALTE AL "CHECKPOINT"

B46. En los últimos 12 meses, (NOMBRE) o alguien de su familia ha sido referido a la agencia de Rabilitacion Vocacional para obtener servicios para (NOMBRE) (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8

B47. En los últimos 12 meses, (NOMBRE) o alguien de su familia actualmente se ha puesto en contacto con la agencia de Reabilitación Vocacional para tratar de conseguir servicios para (el/ella)? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No Sabe	8

B48. En los últimos 12 meses, ha sido (NOMBRE) examinado o ha recibid servicios de la agencia de Reabilitacion Vocacional? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE A LA B50	No	2
	No sabe	8

B49. Que clase de servicios ha recibido (NOMBRE) de la Agencia de Reabilitacion Vocacional? (ANOTE LA INFORMACION COMPLETA DE LOS SERVICIOS RECIBIDOS EN LA HOJA VBA AZUL) ("PROBE" Algo mas?)

____

____

____

____

____

No Sabe 98

SALTE AL CHECKPOINT

B50. Por qué (NOMBRE) no recibió servicios de la agencia de Reabilitación Vocacional? (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

El impedimento es muy severo	01
La agencia determinó que el impedimento es muy leve	02
El joven no tiene una condición de impedimento	03
El joven no calificó (razon desconocida/no fue dada)	04
El joven o la familia cambió de idea acerca de querer los servicios	05
El joven podria perder los beneficios	06
Está recibiendo esa clase de ayuda en otro sitio	07
El joven no lo quiso	08
No habia ningún servicio disponible	09
A la familia o al joven no le gustó lo que habìa disponibe	10
Muy dificil de llegar allí	11
El joven era muy jóven	12
El jóven está en la lista de espera	13
Otro (ESPECIFIQUE)________________________________	97
No Sabe	98

"CHECKPOINT" DEL ENTREVISTADOR:

SI EL JOVEN ESTA FUERA DE LA ESCUELA, SALTE A LA C4. (FUERA DE LA ESCUELA PUEDE SER: GRADUADO DE LA ESCUELA SECUNDARIA (A14=1); VIVIENDO EN VIVIENDA MILITAR O DORMITORIO DE UNIVERSIDAD (A2=6,7) Y NO VA A REGRESAR A LA ESCUELA (A16 = 2 o 8); NO ESTA EN LA ESCUELA AHORA Y NO VA A REGRESAR A LA ESCUELA EN LOS PROXIMOS 12 MESES (SI A10 Y A11 O A12 = 2 u 8 Y A16 = 2 u 8); O EL (LA) JOVEN TIENE 23 ANOS O MAS.)

C. Resultado del Empleo.

C1. Ha tenido (NOMBRE) un empleo/estudio en los pasados 12 meses, esto es, un trabajo que el/ella hace como parte del programa de l escuela o que el/ella hace para obtener créditos para la escuela?

	Si	1
SALTE A LA C4	No	2
	No sabe	8

C2. Que es lo que él (ella) hizo? ("PROBE": Me puede decir un poco acerca del lugar donde (NOMBRE) hizo este trabajo?) (ENTRE TODAS LAS ACTIVIDADES QUE CONCIERNEN A UN SOLO TRABAJO EN UNA MISMA LINEA; ENTRE CADA TRABAJO EN UNA LINEA DIFERENTE, EN LA HOJA "VBA" AZUL)

1) ____________	
2) ____________	
3) ____________	
4) ____________	
5) ____________	
No sabe	98

C3. Le pagaron a (NOMBRE) por hacer este trabajo? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No sabe	8

C4. Además del empleo/estudio o de algún trabajo que hace en la casa, tiene (NOMBRE) ahora otro trabajo por el cual le pagan? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE A LA C14	No	2
	No sabe	8

C5. Cuántos de estos trabajos por el cual le pagan tiene (NOMBRE)? Esto es sin contar el empleo/estudio o trabajo que hace en la casa. (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO)

________Numero	
No sabe	98

C6 a. Que hace el (ella)? ("PROBE": Me puede decir un poco acerca de el lugar donde (NOMBRE) hace este trabajo? (ENTRE TODAS LAS ACTIVIDADES POR CADA TRABAJO EN UNA MISMA LINEA: ENTRE CADA TRABAJO EN UNA LINEA SEPARADA, EN LA HOJA VBA VERDE

b. (PREGUNTE SI MAS DE UNA CLASE DE TRABAJO) En cual de estos trabajos pasa el (ella) la mayor parte del tiempo? (HAGA UN CIRCULO EN LA COLUMNA b)

	a.	b.
1) ____		1
2) ____		2
3) ____		3
4) ____		4
5) ____		5
SALTE A LA C19 No sabe	98	98

SI MAS DE UN TRABAJO (C5 MAS QUE 1) DIGA: Mis próximas preguntas son acerca del trabajo donde (NOMBRE) pasa la mayor parte del tiempo.

C7. Hace (NOMBRE) este trabajo en un taller protegido? Esto quiere decir un lugar donde la mayoria de los otros trabajadores son incapacitados. (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No sabe	8

C8. Aproximadamente que tiempo ha tenido (NOMBRE) este trabajo? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO

_________ semestres

_________ trimestres

_____________semanas

_____________meses

_____________años

No sabe	98

C9. Aproximadamente cuanto le pagan a el(ella) por este trabajo? (SI LE PREGUNTAN, QUEREMOS SABER EL SALARIO ANTES DE QUITARLES LOS IMPUESTOS O DEDUCCIONES; ENTRE LA CIFRA O HAGALE EL CIRCULO AL CODIGO APROPIADO)

$______________ por hora

$______________ por semana

$______________ por mes

$______________ por año

Salario Minimo	996
No sabe	998

C10. Aproximadamente cuantas horas a la semana trabaja (NOMBRE) en este empleo? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO)

______________horas por semana	
No sabe	98

SI TIENE SOLAMENTE UN EMPLEO CON SUELDO (C3 o C4 = 1, PERO NO AMBOS, O C5 = 1 Y C3 NO 1) SALTE A LA C12.

C11. Seguidamente me gustaría pedirle que piense acerca de todos los trabajos con sueldo que tiene (NOMBRE) ahora. No incluya el trabajo que hace en la casa. Aproximadamente cuantas horas a la semana trabaja (NOMBRE) usualmente en estos trabajos con sueldo? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO.)

__________horas	
No sabe	98

C12. Cual es el tiempo mas largo que (NOMBRE) ha tenido un empleo con sueldo? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO)

_____________semestres

_____________trimestres

_____________dias	
_____________semanas	
_____________meses	
_____________años	
No sabe	98

C13. Ha sido (NOMBRE) despedido de un empleo con sueldo en los ultimo 12 meses? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No sabe	8

SALTE A LA C19

C14. Ha tenido (NOMBRE) algún trabajo con sueldo en los ultimos 12 meses que no sea su trabajo/estudio o trabajo en la casa? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE A LA C19	No	2
	No sabe	8

C15. Aproximadamente cuantos de estos trabajos con sueldo que no sea trabajo/estudio o trabajo en la casa ha tenido (NOMBRE) en los ultimos 12 meses? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO)

______________número	
No sabe	98

C16. Que clase de trabajos con sueldo, sin incluir el trabajo en la casa, ha tenido (NOMBRE) en los últimos 12 meses? ("PROBE: Me puede decir algo acerca del sitio donde (NOMBRE) hace este trabajo?) (PONGA TODAS LAS ACTIVIDADES DE UN SOLO TRABAJO EN LA MISMA LINEA; ENTRE CADA EMPLEO EN UNA LINEA SEPARADA EN LA HOJA VBA VERDE).

1) ______________________________

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

No sabe 98

C17. Cual ha sido el tiempo mas largo que (NOMBRE) ha tenido un empleo con sueldo? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO, SEGUN SEA APROPIADO.)

(NOTA: SI C1 = 1
[no incluyendo su empleo
de trabajo/estudio]

__________ días

__________ semanas

__________ meses

__________ años

No sabe 98

C18. Por que motivo dejó (NOMBRE) ese trabajo? Renunció? Fué despedido? Fué despedido temporalmente, o el trabajo era un empleo temporal que se acabo? (HAGA UN CIRCULO A UN CODIGO)

El (la) joven renunció	1
Fué despedido(a)	2
Fué despedido(a) temporalmente	3
Trabajo temporal que se acabó	4
No sabe	8

C19. Ha hecho (NOMBRE) trabajo voluntario en los ultimos 12 meses? No incluya el trabajo en la casa. (SI LE PREGUNTAN, ESTO NO INCLUYE NINGUN TRABAJO/ESTUDIO SIN SUELDO MENCIONADO EN LA C1) HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No sabe	8

C20. Que clase de trabajos voluntarios, sin incluir trabajo en la casa ha hecho (NOMBRE) en los últimos 12 meses? ("PROBE": Me puede decir un poco acerca del lugar donde (NOMBRE) ha hecho este trabajo? (ESCRIBA TODAS LAS ACTIVIDADES DE UN SOLO TRABAJO EN LA MISMA LINEA. ENTRE CADA EMPLEO EN UNA LINEA SEPARADA, EN LA HOJA VBA BLANCA)

1) ____________________

2) ____________________

3) ____________________

4) ____________________

5) ____________________

No sabe	98

"CHECKPOINT" DEL ENTREVISTADOR:

SI EL JOVEN TODAVIA ESTA EN LA ESCUELA (A12 o A16 = 1), SALTE A LA F1.

D. Resultado de la educacion pos-secundaria.

SI GRADUADO DE "HIGH SCHOOL", A14 = 1, O A2 = 6, SALTE A LA D3.

D1. En los últimos 12 meses, ha tomado (NOMBRE) algunos cursos para poder obtener el diploma de la escuela secundaria ("high school)? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE A LA D3	No	2
	No sabe	8

D2. Ha recibido (NOMBRE) un diploma o título como consecuencia de haber tomado este curso ? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No sabe	8

D3. En los últimos 12 meses, ha tomado (NOMBRE) algun curso de una escuela vocacional o de comercio? (SI LE PREGUNTAN, ESTO NO INCLUYE COLEGIO UNIVERSITARIO DE DOS ANOS O UNIVERSIDAD COMUNITARIA) (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE A LA D6	No	2
	No sabe	8

D4. Aproximadamente cuantos cursos ha tomado (NOMBRE) en los últimos 12 meses? (SI DICE "NO SABE", PREGUNTE: Cuantos creditos se gano (NOMBRE) por este trabajo? (SI NO SABE, "PROBE": Fue el(ella) a la escuela parte del tiempo o tiempo completo?) (ENTRE EL NUMERO O HAGA UN CIRCULO A LA CATEGORIA APROPIADA)

______________número de cursos	
--------------número de creditos	
Tiempo completo	1
Parte del tiempo	2
No sabe	98

D5. Ha recibido (NOMBRE) un diploma, certificado o licencia como resultado de este trabajo? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No sabe	8

D6. En los últimos 12 meses, ha tomado (NOMBRE) algun curso de una escuela de estudios universitarios de primero y segundo año o de una universidad comunitaria? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No sabe	8

D7. Aproximadamente cuantos cursos ha tomado (NOMBRE) en los últimos 12 meses? (SI DICE "NO SABE", PREGUNTE: Cuantos créditos se ganó (NOMBRE) por este trabajo? (SI NO SABE, "PROBE": Fue el(ella) a la escuela tiempo completo o parte del tiempo?) (ENTRE EL NUMERO O HAGA UN CIRCULO A LA CATEGORIA APROPIADA.)

______________número de cursos	
______________número de creditos	
Tiempo completo	1
Parte del tiempo	2
No sabe	98

D8. Ha recibido (NOMBRE) un diploma, licencia o título por este trabajo? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI NO TIENE DIPLOMA DE "HIGH SCHOOL" (A14 Y D1 NO = 1, O A2 NO = 6, SALTE AL PROXIMO "CHECKPOINT".

D9. En los últimos 12 meses ha tomado (NOMBRE) algún curso de Universidad o colegio universitario de 4 años? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No sabe	8

D10. Aproximadamente cuantos cursos ha tomado (NOMBRE) en los últimos 12 meses? (SI NO SABE, PREGUNTE: Cuántos créditos se ganó (NOMBRE) por ese trabajo? (SI NO SABE , "PROBE" Fue el(ella) a la escuela parte del tiempo o tiempo completo?) (ENTRE EL NUMER O HAGA UN CIRCULO A LA CATEGORIA)

______________número de cursos	
______________número de creditos	
Tiempo completo	1
Parte del tiempo	2
No sabe	98

D11. Ha recibido (NOMBRE) un diploma o titulo como resultado de este trabajo? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No sabe	8

"CHECKPOINT" DEL ENTREVÍSTADOR
SI NO HA TOMADO NINGUN CURSO DESDE "HIGH SCHOOL" (D1, D3. Y D9
NO = 1, SALTE A LA E1.

D12. Como le ha ido a (NOMBRE) en sus clases o programas en los ultimos 12 meses? Diría usted que el (ella) ha recibido.........
(LEA LAS CATGORIAS, HAGA UN CIRCULO A UN SOLO CODIGO)

	Mayormente A's (3.75 a 4.00 de promedio)	01
	Aprox. mitad A's y mitad B's (3.25 a 3.74)	02
	Mayormente B's (2.75 a 3.24)	03
	Aprox. mitad B's y mitad C's (2.25 a 2.74)	04
	Mayormente C's (1.75 a 2.24)	05
	Aprox. mitad C's y mitad D's (1.24 a 1.74)	06
	Mayormente D's o mas bajo (menos de 1.25)	07
NO LEA	No calilficaron los cursos	08
	No sabe	98

E. Resultado de vivir independiente (JOVEN FUERA DE LA ESCUELA SECUNDARIA)

[FUERA DE LA ESCUELA ES: GRADUADO DE LA SECUNDARIA (A14 = 1); VIVIENDO EN VIVIENDA MILITAR O DORMITORIO DE UNIVERSIDAD (A2 = 6 O 7) Y NO VA A REGRESAR A LA ESCUELA (A16 = 2 U 8); NO ESTA EN LA ESCUELA AHORA Y NO VA A REGRESAR A LA ESCUELA EN LOS PROXIMOS 12 MESES (SI A10 Y A11 O A12 = 2 U 8 O 9 Y A16 = 2 U 8); O EL(LA) JOVEN TIENE 23 ANOS O MAS]

E1. Cual es estado civil de (NOMBRE)? Esta el(ella).......LEA LAS CATEGORIAS? (HAGA UN CIRCULO A UN SOLO CODIGO)

SALTE A LA E4	Coprometido(a)	1
	Soltero(a) nunca se ha casado	2
PREGUNTE LA E2	Casado(a) o viviendo con alguien del sexo opuesto	3
SALTE A LA E4	Divorciado(a) o separado(a)	4
	Viudo(a)	5
NO LEA	No Sabe	8

E2. Tiene ahora un empleo con sueldo el(la) esposo(a) o compañero(a) de (NOMBRE)? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No Sabe	8

SI EL(LA) JOVEN NO ESTA VIVIENDO SOLO(A) (A2 NO 2 O 3) SALTE A LA E4

E3. Aproximadamente cual fué el ingreso combinado de (NOMBRE) con su esposo(a) o compañero(a) en el año 1986 de todas las fuentes de ingreso, antes de pagar los impuestos? Fue menos de $25,000.00 o mas) (HAGA UN CIRCULO A UN CODIGO)

(SI MENOS DE $25,000., PREGUNTE: "Fue....... LEA LAS CATEGORIAS DEL 1 AL 3)	Menos de $12,000.	01
	$12,000. pero menos de $20,000.	02
	$20,000. o mas	03
NO LEA	Menos de $25,000., No especifico	04
(SI $25,000. O MAS, PREGUNTE: "Fue..... LEA LAS CATEGORIAS DEL 5 AL 7	$25,000. pero menos de $38,000.	05
	$38,000. a $50,000., o	06
	Mas de $50,000.	07
NO LEA	$25,000. y mas, no especifico	08
	No sabe	98
	Rehuso	99

E4. Aproximadamente, cuántas veces a la semana se reúne (NOMBRE) socialmente con amistades y familia que no sean personas que vivan con el(ella)? (PUEDE LEER LAS CATEGORIAS SI ES NECESARIO) (HAGA UN CIRCULO A UN CODIGO)

Menos de una vez a la semana	1
Una vez	2
Dos o tres veces	3
Cuatro o cinco	4
Seis o siete	5
No Sabe	8

E5. En los últimos 12 meses, ha pertenecido (NOMBRE) a alguna escuela o grupo comunitario como por ejemplo, un equipo de deportes o grupo de iglesia? (HAGA UN CIRCULO A UN CODIGO)

	Si	1
SALTE A LA E7	No	2
	No Sabe	8

E6. A que clase de grupos ha pertenecido (NOMBRE) en los últimos 12 meses? ("PROBE": Algunos mas?) (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

Sindicato o grupo profesional	01
Grupo de Iglesia (No cuente servicios de devoción)	02
Hermandad de estudiantes o fraternidad	03
Grupo musical o de drama	04
Equipos de deportes o clubs (incluyendo las Olimpiadas Especiales	05
Otro grupo social o de aficion favorita (hobby)	06
Organización política	07
Grupo de servicios voluntarios	08
Otro (ESPECIFIQUE) _______________________________________	97
No Sabe	98

E7. Ha sido (NOMBRE) arrestado alguna vez? (SI EL RESPONDIENTE REHUSA, O DICE QUE NO SABE, NO "PROBE") (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8
Rehuso	9

(SI A2 = 2, 3, 5, 6, 7, 8, PREGUNTE LA E8; SI NO, VAYA A LA E9)

E8. Usualmente recibe (NOMBRE) dinero de miembros de la familia o guardianes para cubrir sus gastos cotidianos? (HAGA UN CIRCULO A SOLO CODIGO)

Si	1
No	2
No sabe	8

E9. Tiene (NOMBRE)........(LEA LAS CATEGORIAS) (HAGA UN CIRCULO A TODO LO QUE APLIQUE)

	Cuenta de ahorro	1
	Cuenta de cheques,	2
	Otras inversiones financieras	3
NO LEA	Nada de lo mencionado	4
	No sabe	8

E10. Tiene (NOMBRE) algunas tarjetas o cuentas de crédito en su propio nombre? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No sabe	8

SI LA PERSONA TIENE SOLAMENTE IMPEDIMENTOS PARA APRENDER, DIFICULTAD EN OIR, DIFICULTAD AL HABLAR O ESTA EMOCIONALMENTE PERTURBADO, SALTE A LA PREGUNTA E12.

E11. Que tal puede hacer (NOMBRE) cada una de las siguientes cosas, sólo(a), sin ayuda? (LEA LA PRIMERA LINEA) Diría usted que el (ella) lo hace muy bien, bastante bien, no muy bien, o no lo hace bien en lo absoluto? (LEA LAS SIGUIENTES LINEAS, HAGA UN CIRCULO UN CODIGO POR LINEA)

	Muy bien	Bastante bien	No muy bien	Nada bien	No sabe
a. Se viste completamente	4	3	2	1	8
b. Se alimenta a si mismo(a) completamente	4	3	2	1	8
c. Puede ir a lugares fuera de la casa, como a la escuela, una tienda o parque cercano o a casa de un vecino.	4	3	2	1	8

E12. Que tal puede hacer (NOMBRE) cada una de las sigientes cosas, sólo(a) sin ayuda? (LEA LA PRIMERA LINEA) Diría ustd que el (ella lo hace muy bien, bastante bien, no muy bien o no lo hace bien en lo absoluto? (LEA LAS SIGUIENTES LINEAS, HAGA UN CIRCULO A UN CODIGO POR LINEA)

	Muy bien	Bastante bien	No muy bien	Nada bien	No sabe
a. Busca números de teléfono en la guía telefónica y usa el teléfono.	4	3	2	1	8
b. Puede decir la hora mirando un reloj de manecillas.	4	3	2	1	8
c. Lee y entiende señales comunes como: PARE, HOMBRE, MUJER, O PELIGRO.	4	3	2	1	8
d. Cuenta cambio de dinero	4	3	2	1	8

SI EL (LA) JOVEN NO VIVE EN LA CASA (A2 NO ES 1) SALTE AL "CHECKPOINT".

E13. Cuando hay que hacer las siguientes tareas, cuán a menudo (NOMBRE) lo hace solo(a)....(LEA LA LISTA) "Diría usted que es siempre, usualmente, algunas veces o nunca? (HAGA UN CIRCULO A UN CODIGO POR LINEA)

	Siempre	Usualmente	Algunas veces	Nunca	No sabe
a. Se prepara su propio desayuno o almuerzo.	4	3	2	1	8
b. Compra algunas cosas en la tienda como alimentos o cosas que necesita para la escuela.	4	3	2	1	8
c. Lava la ropa.	4	3	2	1	8
d. Ordena o limpia su cuarto de dormir o area de estar.	4	3	2	1	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI NO ESTA SORDO, SORDO/CIEGO, TIENE IMPEDIMENTOS MULTIPLES O PROBLEMAS AL OIR, SALTE AL "CHECKPOINT".

E14. En los ultimos 12 meses, ha usado (NOMBRE) algunos de los siguientes aparatos para ayudarlo(a) con su incapacidad? Ha usado el (ella)..........(LEA LA LISTA, HAGA UN CIRCULO A UN CODIGO POR LINEA)

		Si	No	No Sabe
	a. Un aparato de telecomunicación para sordos o teletipo	1	2	8
	b. Un amplificador telefónico	1	2	8
	c. Un aparato auditivo	1	2	8
	d. Televisión con subtítulos	1	2	8
	e. Un perro que auxilie a sordos	1	2	8
	f. Un auxiliar de voz	1	2	8
NO LEA	g. Cualquier otro aparato para ayudar con problemas al oír (ESPECIFIQUE) ______________________________	1	2	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI NO ESTA IMPEDIDO ORTOPEDICAMENTE, IMPEDIDO MULTIPLE O TIENE OTRO IMPEDIMENTO DE SALUD, SALTE AL "CHECKPOINT".

E15. En los últimos 12 meses, ha usado (NOMBRE) algunos de lo siguientes porque lo necesitaba por su impedimento? (LEA LA LISTA, HAGA UN CIRCULO POR CADA LINEA.)

	Si	No	No Sabe
a. Ha usado él/élla una silla de ruedas?	1	2	8
b. Ha usado él/élla muletas, baston o andador?	1	2	8
c. Le han tenido que hacer cambios al automóbil (carro)?	1	2	8
d. Ha usado él/élla aparatos prostéticos, como reinfuerzos de piernas o miembros artificiales	1	2	8
e. Ha usado él/élla computadoras diseñadas para compensar por su incapacidad?	1	2	8
f. Ha usado él/élla cualquier otro aparato para ayudarlo(a) a mobilizarse? (ESPECIFIQUE)__________________	1	2	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI NO ESTA VISUALMENTE IMPEDIDO, SORDO/CIEGO O TIENE IMPEDIMENTOS MULTIPLES, SALTE AL "CHECKPOINT" ANTES DE LA SECCION G.

E16. En los últimos 12 meses, ha usado (NOMBRE) algunos de los siguientes para ayudarlo (a) con su incapacidad? Ha usado el (ella) ....(LEA LA LISTA, HAGA UN CIRCULO A UN CODIGO POR LINEA)

		Si	No	No Sabe
	a. Un perro guia para ciegos	1	2	8
	b. Libros impresos con letras grandes o en Braille	1	2	8
	c. Un explorador visual	1	2	8
SI E15e NO ESTA EN BLANCO, NO PREGUNTE E16d.	d. Una computadora diseñada para compensar una incapacidad	1	2	8
	e Cualquier otro aparato para ayudar con su incapacidad visual? (ESPECIFIQUE) ______________________________	1	2	8

.pa

SALTE AL "CHECKPOINT" ANTES DE LA SECCION G

F. Resultado de vivir independiente--JOVENES QUE ESTAN EN LA ESCUELA

F1. Aproximadamente cuantos días a la semana se reúne (NOMBRE) con amistades que no son de su escuela? (PUEDE LEÉR LAS CATEGORIAS SI ES NECESARIO) (HAGA UN CIRCULO A UN SOLO CODIGO.

(SI A2 = 05, ESTA PREGUNTA SE DEBE LEER "AFUERA DE LA CLASE")

Nunca	0
Menos de 1	1
Una	2
2 o 3	3
4 o 5	4
6 o 7	5
No sabe	8

F2. En los últimos 12 meses, ha pertenecido (NOMBRE) a una escuela u otro grupo como equipo de deportes, Scouts, grupo de iglesia o banda de música? (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA F4	No	2
	No sabe	8

F3. A que clase de grupos ha pertenecido (NOMBRE) en los últimos 12 meses? ("PROBE": Algunos otros? (HAGA UN CIRCULO A TODO LO QUE APLICA.)

Equipos de deportes (en la escuela o afuera; incluyendo las Olimpiadas Especiales)	01
Grupos de música o drama (Como coros, bandas de música, bailes, teatros)	02
Grupos de comunidad (Como Scouts, grupos de iglesia, grupos políticos,etc)	03
Grupos de clases de la escuela (Como ciencias,idiomas)	04
Clubs de trabajos preferidos (hobbies) (como fotografía, club de computadores)	05
Gobierno de estudiantes (como Consilio de Estudiantes)	06
Grupos de servicios voluntarios (Como ayudantes de hospitales) (Candystripers)	07
Club vocacionales (Como Futuras Amas de Casa (DECA))	08
Realización de la Juventud (Grupos de niños que ponen sus propios negocios)	09
Otro (ESPECIFIQUE?) ________________________________	97
No sabe	98

F4. Ha sido (NOMBRE) alguna vez arrestado (preso)? (HAGA UN CIRCULO A UN SOLO CODIGO)

Si	1
No	2
No Sabe	8
Rehuso	9

F5. Recibe (NOMBRE) un salario por hacer trabajos en la casa o tiene el (élla) otro dinero del cual hace decisiones? (SI LE PREGUNTAN, ESTO PUEDE INCLUIR EL DINERO QUE SE GANA EN UN EMPLEO) (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8

SI TIENE INABILIDAD PARA APRENDER, LE CUESTA TRABAJO OIR, TIENE IMPEDIMENTOS DEL HABLA O ESTA EMOCIONALMENTE PERTURBADO, SALTE A LA F7.

F6. Que tal puede hacer (NOMBRE) cada una de las siguientes cosas, sólo(a), sin ayuda? (LEA LA PRIMERA LINEA) Diría usted que él (ella) lo hace muy bien, bastante bien, no muy bien, o no lo hace bien en lo absoluto? (LEA LAS SIGUIENTES LINEAS, HAGA UN CIRCULO UN CODIGO POR LINEA)

	Muy bien	Bastante bien	No muy bien	Nada bien	No sabe
a. Se viste completamente	4	3	2	1	8
b. Se alimenta a si mismo(a) completamente	4	3	2	1	8
c. Puede ir a lugares fuera de la casa, como a la escuela, una tienda o parque cercano o a casa de un vecino.	4	3	2	1	8

F7. Que tal puede hacer (NOMBRE) cada una de las siguientes cosas, solo(a) sin ayuda? (LEA LA PRIMERA LINEA) Diría usted que el (ella) lo hace muy bien, bastante bien, no muy bien o no lo hace bien en lo absoluto? (LEA LAS SIGUIENTES LINEAS, HAGA UN CIRCULO UN CODIGO POR LINEA)

	Muy bien	Bastante bien	No muy bien	Nada bien	No sabe
a. Busca números de teléfono en la guía telefónica y usa el teléfono.	4	3	2	1	8
b. Puede decir la hora mirando un reloj de manecillas.	4	3	2	1	8
c. Lee y entiende senales comunes como: PARE, HOMBRE, MUJER, O PELIGRO.	4	3	2	1	8
d. Cuenta cambio de dinero	4	3	2	1	8

SI EL (LA) JOVEN NO VIVE EN LA CASA (A2 NO ES 1) SALTE AL "CHECKPOINT".

F8. Cuando hay que hacer los siguientes trabajos caseros, cuán a menudo (NOMBRE) lo hace solo(a)....(LEA LA LISTA) "Diría usted qu es siempre, usualmente, algunas veces o nunca? (HAGA UN CIRCULO A UN CODIGO POR LINEA)

	Siempre	Usualmente	Algunas veces	Nunca	No sabe
a. Se prepara su propio desayuno o almuerzo.	4	3	2	1	8
b. Compra algunas cosas en la tienda como alimentos o cosas que necesita para la escuela.	4	3	2	1	8
c. Lava la ropa.	4	3	2	1	8
d. Ordena o limpia su cuarto de dormir o area de estar.	4	3	2	1	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI NO ESTA SORDO, SORDO/CIEGO, TIENE IMPEDIMENTOS MULTIPLES O PROBLEMAS AL OIR, SALTE AL "CHECKPOINT".

F9. En los últimos 12 meses, ha usado (NOMBRE) algunos de los siguientes aparatos para ayudarlo(a) con su incapacidad? Ha usado el/ella.......? (LEA LA LISTA, HAGA UN CIRCULO A UN CODIGO POR LINEA)

	Si	No	No Sabe
a. Un aparato de telecomunicación para sordos o teletipo	1	2	8
b. Un amplificador telefónico	1	2	8
c. Un aparato auditivo	1	2	8
d. Televisión con subtítulos	1	2	8
e. Un perro que auxilie a sordos	1	2	8
f. Un auxiliar de voz	1	2	8
g. Cualquier otro aparato para ayudar con problemas al oir (ESPECIFIQUE) ______________________________	1	2	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI NO ESTA IMPEDIDO ORTOPEDICAMENTE, IMPEDIDO MULTIPLE O TIENE OTRO IMPEDIMENTO DE SALUD, SALTE AL "CHECKPOINT".

F10. En los últimos 12 meses, ha usado (NOMBRE) algunos de lo siguientes porque lo necesitaba por su impedimento? (LEA LA LISTA, HAGA UN CIRCULO POR CADA LINEA.)

	Si	No	No Sabe
a. Ha usado el/ella una silla de ruedas?	1	2	8
b. Ha usado el/ella muletas, bastón o andador?	1	2	8
c. Le han hecho cambios al automóbil (carro)?	1	2	8
d. Ha usado el/ella aparatos prostéticos, como reinfuerzos de piernas o miembros artificiales	1	2	8
e. Ha usado el/ella computadoras diseñadas para compensar por su incapacidad?	1	2	8
f. Ha usado el/ella cualquier otro aparato para ayudarle a mobilizarse? (ESPECIFIQUE)____________________	1	2	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI NO ESTA VISUALMENTE IMPEDIDO, SORDO/CIEGO O TIENE IMPEDIMENTOS MULTIPLES, SALTE A LA SECCION G.

F11. En los últimos 12 meses, ha usado (NOMBRE) algunas de las siguientes clases de ayudas para su incapacidad? Ha usado el (ella) ....(LEA LA LISTA, HAGA UN CIRCULO A UN CODIGO POR LINEA)

		Si	No	No Sabe
	a. Un perro guia para ciegos	1	2	8
	b. Libros impresos con letras grandes o en Braille	1	2	8
	c. Un explorador visual	1	2	8
SI F10e NO ESTA EN BLANCO, NO PREGUNTE F11d.	d. Una computadora diseñada para compensar una incapacidad	1	2	8
NO LEA	e Cualquier otro aparato para ayudar con su incapacidad visual? (ESPECIFIQUE) ______________________________	1	2	8

G. Caracteristicas de la familia

G0a. Mis proximas preguntas son acerca de la casa (familia) de la cua (NOMBRE) es miembro. Es usted el cabeza de familia? (SI LE PREGUNTAN, CABEZA DE FAMILIA QUIERE DECIR LA PERSONA QUE MAS GANA EN LA CASA.) (HAGA UN CIRCULO A UN SOLO CODIGO)

(ESTA PANTALLA APARECERA SOLAMENTE SI A2 = 2, 3 o 7)

G0b. Mis proximas preguntas son acerca de la casa (familia) de los padres o guardianes de (NOMBRE). Es usted el cabeza de familia de esa casa? (SI EL RESPONDIENTE DICE: "A QUIEN QUIERE USTED - LOS PADRES O GUARDIANES?" DIGA EL JEFE DE FAMILIA DE LA CASA EN DONDE (NOMBRE) HA VIVIDO MAS RECIENTEMENTE.)

Si	1
No	2
No sabe	8

(NOTA: SI G0 = 1, LA PROXIMAS PREGUNTAS DEBEN REFERIRSE A "USTED", CUANDO PUEDE ESCOGER AL RESPONDIENTE; SI G0 = 2 u 8, LAS PROXIMAS PREGUNTAS DEBEN REFERIRSE AL "cabeza de familia" CUANDO PUEDE ESCOGER AL RESPONDIENTE.)

G1. Hay en esta casa un padre y una madre o uno solo de los dos? (HAGA UN CIRCULO A UN SOLO CODIGO)

Padre o madre	1
Padre y madre	2
No sabe	8
Rehuso	9

G2. Cuantos niños forman parte de esta casa en este momento? (ENTRE EL NUMERO O HAGA UN CIRCULO AL CODIGO)

_________________número de niños

No Sabe	98

SI NO HAY NINOS O SOLO UN NINO COMO PARTE DE ESTA CASA (G2 = 0 o 1), SALTE A LA G4.

G3. Además de (NOMBRE), hay otros niños en la casa que tiene un problema para aprendizaje u otro impedimento? (HAGA UN CIRCULO A UN CODIGO)

Yes	1
No	2
No Sabe	8

G4. Tiene usted (tiene el cabeza de familia) un problema de aprendizaje u otro impedimento? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8

PREGUNTE G5 Y G6 SOLAMENTE SI S6 O S7 = 1

G5. Es (NOMBRE) su hijo natural? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8
Rehuso	9

SI ES UNA CASA CON SOLO PADRE O MADRE (G1 = 1), SALTE A LA G7

G6. Es (NOMBRE) el hijo natural de su esposo(a) o de su companero(a)? (HAGA UN CIRCULO A UN CODIGO)

Si	1
No	2
No Sabe	8
Rehuso	9

G7. Cual es el año o grado mas alto que (usted/cabeza de familia) termino en la escuela?(PUEDE LEER LAS CATEGORIAS SI ES NECESARIO) (HAGA UN CIRCULO A UN CODIGO)

11no. grado o menos	1
Diploma de High School	2
Un poco de colegio universitario	3
Título de colegio universitario de 2 años	4
Título de colegio universitario de 4 años	5
Un poco de altos estudios/ No título de graduado	6
Título de graduado de altos estudios	7
No sabe	8
Rehuso	9

G8. Tiene (usted/cabeza de familia) un empleo con sueldo ahora? (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE AL "CHECKPOINT"	No	2
	No sabe	8

G9. En una semana promedio, aproximadamente cuantas horas (usted/cabeza de familia) trabaja por la cual le pagan?

Menos de 20 horas	1
De 20 a 35 horas	2
Mas de 35 horas	3
No sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:

SI SOLO HAY UN PADRE O UNA MADRE EN ESTA FAMILIA (G1 = 1) SALTE A LA G12.
ENTRE LAS FAMILIAS CON AMBOS (PADRE Y MADRE) PREGUNTE LA G10 Y G11 SOLAMENTE, SI S6 o S7 = 1 o 2 o 3 y Go = 2.

G10. Tiene usted en este momento un empleo con sueldo? (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA G12	No	2
	No sabe	8

G11. En una semana promedio, aproximadamente cuantas horas trabaja usted por las que le pagan (HAGA UN CIRCULO A UN SOLO CODIGO)

Menos de 20 horas	1
De 20 a 35 horas	2
Mas de 35 horas	3
No sabe	8

G12. Queremos juntar los datos de las familias dependiendo de lo que ganan. Piense en el ingreso total que la familia completa recibi en 1986 de todas las fuentes antes de quitarle los impuestos. Fue este ingreso menos de $25,000.00 o $25,000.00 y mas? (HAGA U CIRCULO A UN SOLO CODIGO)

(SI MENOS DE $25,000., PREGUNTE: "Fue....LEA LAS CATEGORIAS DEL 1 AL 3)	Menos de $12,000.	01
	$12,000. pero menos de $20,000.	02
	$20,000. o mas	03
NO LEA	Menos de $25,000., no especificó	04
(SI $25,000. O MAS, PREGUNTE: "Fue.... LEA LAS CATEGORIAS DE LA 5 A LA 7)	$25,000. pero menos de $38,000.	05
	$38,000. a $50,000.,	06
	Mas de $50,000.	07
NO LEA	$25,000. o mas, no especificó	08
	No sabe	98
	Rehuso	99

G13. En los últimos 12 meses, ha entrado en la casa dinero o beneficios de algunos de los siguientes programas? (LEA LA LISTA; HAGA UN CIRCULO POR CADA CODIGO QUE APLIQUE POR LINEA.)

		Si	No	No sabe	Rehuso
	a. Seguro de Incapacidad del Seguro Social (SSDI)	1	2	8	9
	b. Beneficios para Sobrevivientes del Seguro Social.	1	2	8	9
	c. Seguro de Ingresos Suplementarios (SSI)	1	2	8	9
	d. "Medicaid" u otro programa del cuidado de la salud mantenido por el estado	1	2	8	9
	e. Ayuda a familias con niños dependientes (AFDC)	1	2	8	9
	f. Asistencia Pública (Sin incluir cuidado de crianza)	1	2	8	9
	g. Estampillas para comprar alimentos	1	2	8	9
	h. Seguro de desempleo	1	2	8	9
NO LEA	i. Otro (ESPECIFIQUE) ________________________	1	2	8	9

H. EXPECTATIVAS

Ahora me gustaría preguntarle acerca de lo que usted piensa que (NOMBRE) va a poder hacer en los próximos años.

"CHECKPOINT" DEL ENTREVISTADOR:
SI EL (LA) JOVEN SE HA GRADUADO DE LA ESCUELA SECUNDARIA, O SEA "HIGH SCHOOL" (A14 O D2 = 1, o A2 = 6) SALTE AL CHECKPOINT.

H1. En su opinion cuales son las probabilidades que (NOMBRE) se gradúe de la escuela secundaria ("High School")/reciba un diplom de la escuela secundaria ("High School") regular? (SI LE PREGUNTAN, UN DIPLOMA DE ESCUELA SECUNDARIA REGULAR (HIGH SCHOOL REGULAR) INCLUYE UN "GED" PERO NO INCLUYE UN CERTIFICADO DE COMPLETAR HIGH SCHOOL O UN DIPLOMA ESPECIAL PARA ESTUDIANTES DE EDUCACION ESPECIAL SOLAMENTE) Cree usted que el (ella)........ (LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN SOLO CODIGO.)

	Definitivamente lo hará	4
	Probablemente lo hará	3
SALTE AL "CHECKPOINT" ANTES DE LA H4	Probablemente no lo hará, o	2
	Definitivamente no lo hará	1
NO LEA	No sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:
VAYA AL "CHECKPOINT" ANTES DE LA H4 SI EL (LA) JOVEN SE GRADUO DE UNA ESCUELA UNIVERSITARIA DE 4 ANOS. (D11 = 1)

H2. En su opinión, cuales son las probabilidades que (NOMBRE) se gradúe de una escuela universitaria de 4 años. Cree usted que el (ella).......

SALTE AL "CHECKPOINT" ANTES DE LA H4	Definitivamente lo hará	4
	Probablemente lo hará	3
	Probablemente no lo hará	2
	Definitivamente no lo hará	1
NO LEA	No sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:
SALTE AL PROXIMO "CHECKPOINT" SI EL (LA) JOVEN SE GRADUO DE UNA ESCUELA UNIVERSITARIA DE 2 ANOS (D8 = 1) O SI ESTA MATRICULADO(A) EN UNA ESCUELA UNIVERSITARIA DE 4 ANOS (D9 = 1)

H3. En su opinión, cuales son las probabilidades de que (NOMBRE) se gradúe de una escuela de estudios universitarios de primero y segundo año. Cree usted que el (ella)...... (LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN SOLO CODIGO)

	Definitivamente lo hará	4
	Probablemente lo hará	3
	Probablemente no lo hará	2
	Definitamente no lo hará	1
NO LEA	No sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI (NOMBRE) ESTA VIVIENDO SOLO(A) (A2 = 2 o 3) SALTE AL "CHECKPOINT"

H4. En su opinión, cuales son las probabilidades que eventualmente (NOMBRE) viva solo(a), fuera de la casa, sin supervisión. Cree usted que....(LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN CODIGO)

	Definitivamente lo hará	4
	Probablemente lo hará	3
	Probablemente no lo hará	2
	Definitivamente no lo hará	1
NO LEA	No sabe	8

"CHECKPOINT" DEL ENTREVISTADOR:
SI HA TENIDO UN EMPLEO CON SUELDO EN LOS ULTIMOS 12 MESES
(C3, C4 o C14 = 1) VAYA A LA H6.

H5. En su opinión, cuales son las probabilidades que eventualmente (NOMBRE) encuentre un empleo con sueldo? Cree usted que el (ella)......(LEA LAS CATEGORIAS, HAGA UN CIRCULO A UN CODIGO)

	Definitivamente lo hará	4
	Probablemente lo hará	3
	Probablemente no lo hará	2
	Definitivamente no lo hará	1
NO LEA	No sabe	8

H6. Nosotros vamos a hacer preguntas como estas otra vez en los proximos años. Cree usted que (NOMBRE) vaya a estar capacitado para contestar preguntas como estas por teléfono, por sí mismo(a) (HAGA UN CIRCULO A UN SOLO CODIGO)

	Si	1
SALTE A LA H8	No	2
	No sabe	8

H7. Estaria usted dispuesto(a) a que nosotros hiciéramos preguntas como éstas de (NOMBRE) en los próximos pocos años?

Si	1
No	2
No sabe	8

H8. Me daría usted por favor, el nombre, dirección y el número de teléfono de alguien que probablemente sepa donde usted está si es que su muda en los próximos anos? (ENTRE INFORMACION O HAGA UN CIRCULO AL CODIGO)

NOMBRE: ____
DIRECCION: ____
____
TELEFONO: ____

No sabe	98
Rehuso	99

(SI NO HAY NOMBRE DE PADRES O GUARDIANES EN EL "SAMPLE FILE" Y LA S6 Y S7 NO ES 1 o 2 o 3 o 4, PREGUNTE LA H9)

Me podría tambien decir el (los) nombres de los padres o guardianes?

NOMBRE: ____

No Sabe	98
Rehuso	99

TEXTO PARA TERMINAR. -- ENTREVISTA CON LOS PADRES.

Ahora me gustaría estar seguro(a) de tener su direccion correcta para así poder compartir con usted algunos de los datos interesantes que vamos a encontrar a traves de este estudio. (LEA VERIFIQUE LA DIRECCION NUMEROS DE TELEFONOS)

[SI EL CODIGO DE LA RESPUESTA EN EL "SAMPLE FILE" INDICA QUE HAY UNA FORMA QUE DA PERMISO DEL MIEMBRO DEL "SAMPLE" O SI EL (LA) JOVEN NO HA ESTADO EN LA ESCUELA EN LOS ULTIMOS DOCE MESES (A10 Y A11 = 2)] Muchísimas gracias por haber tomado el tiempo para responder estas preguntas. (TERMINE LA ENTREVISTA)

[SI EL CODIGO DE RESPUESTA EN EL "SAMPLE FILE" INDICA QUE NO HAY UNA FORMA QUE DA PERMISO DEL MIEMBRO DEL "SAMPLE" Y EL (LA) JOVEN ESTUVO EN LA ESCUELA DURANTE EL CURSO ESCOLAR DE 1986-87, (A10 o A11 = 1)] Otra parte del estudio envuelve obtener alguna información de los expedientes de la escuela de (NOMBRE). En los próximos días le enviaremos una forma en el correo. Yo espero qu que usted la llene, la firme y la devuelva lo antes posible en el sobre incluído con la forma, de manera que podamos terminar esta parte tan importante del estudio. Muchísimas gracias por haber tomado el tiempo para responder mis preguntas. (TERMINE LA ENTREVISTA)

MUCHISIMAS GRACIAS POR SU AYUDA EN RESPONDER A ESTAS PREGUNTAS.

PARENT INTERVIEW

A. Individual Characteristics

First, I would like to ask you some questions about [NAME].

A1. Is [NAME] male or female? (CIRCLE ONE CODE)

Male	1
Female	2

INTERVIEWER CHECKPOINT A:

IS THERE IS AN AGE CODE ON THE SAMPLE LABEL?

YES . . . . 1 -> SKIP TO A2
NO . . . . 2 -> CONTINUE

A1a. How old is [NAME]? (RECORD AGE GIVEN)

Age	____________
Don't know	98

A1b. What is [NAME'S] date of birth? (RECORD MONTH, DAY, YEAR)

Birthdate __________________
month /day /year

A2. Where does [NAME] live now? (IF ASKED, BY LIVE, WE MEAN THE PLACE [NAME] USUALLY SPENDS AT LEAST 5 NIGHTS A WEEK). (OK TO READ CATEGORIES 1-11 IF NEEDED.) (CIRCLE ONE CODE)

With parent or guardian (nonfamily member)	01	SKIP TO A4
Alone	02	
With a spouse or roommate	03	
With another family member other than youth's spouse	04	
In a residential or boarding school other than a college	05	
In a college dormitory	06	
In military housing	07	
In a supervised group home	08	
In a mental health facility	09	
In a hospital/medical facility or institution for the disabled	10	
In a correctional facility	11	
Other (SPECIFY) ____________________	97	-> SKIP TO A4
Don't know	98	-> SKIP TO A4

A3. How long has [NAME] lived there? (ENTER NUMBER OR CIRCLE CODE AS APPROPRIATE)

_________ days
_________ weeks
_________ months
_________ years
Don't know . . 98

A4. About how old was [NAME] when [he/she] started having the learning problems or other disability for which [he/she] has received special services? (ENTER NUMBER OR CIRCLE CODE, AS APPRORIATE)

Under 1 year 00
______ years of age
______ grade level
Don't know 98
Youth has no disability 99

A5. About how old was [NAME] when [he/she] started getting special services from a professional? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

Under 1 year 00
______ years of age
______ grade level
Don't know 98

A6. What is [NAME'S] ethnic background? Is (he/she)... (READ CATEGORIES 1-5, CIRCLE ONE CODE)

Black (NOT HISPANIC) 1
White (NOT HISPANIC) 2
Hispanic 3
American Indian or Alaskan Native 4
Asian or Pacific Islander 5
Other (SPECIFY) ______________________________
____ 7
Don't know 8

A7. Does [NAME] usually speak English at home, or does (he/she) usually speak another language? (CIRCLE ONE CODE)

Usually speaks English 1
Usually speaks other language 2
Doesn't speak or use verbal language 3
Don't know 8

INTERVIEWER CHECKPOINT B:

1) IS YOUTH IS 23 YEARS OLD OR OLDER (SEE AGE CODE ON SAMPLE LABEL OR Q. A1b)?

YES . . . . 1 -> SKIP TO A10
NO . . . . 2 -> CONTINUE

2) WAS YOUTH IN INSTITUTION 12 MONTHS OR MORE (SEE Q. A3)?

YES . . . . 1 -> SKIP TO B1
NO . . . . 2 -> CONTINUE

A8. Has [NAME] been enrolled in a junior or senior high school or in a special secondary school for the disabled in the past 12 months? (IF ASKED, BY SPECIAL SCHOOL, WE MEAN A SCHOOL FOR STUDENTS WITH LEARNING PROBLEMS OR OTHER DISABILITIES WHO ARE OF JUNIOR OR SENIOR HIGH SCHOOL AGE.) (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO A10
Don't know . 8 -> SKIP TO A10

INTERVIEWER CHECKPOINT C:

DOES YOUTH LIVE IN COLLEGE DORM OR IN MILITARY (DOES Q. A2 = 6 OR 7)?

YES . . . . 1 -> SKIP TO B1
NO . . . . 2 -> CONTINUE

A9. Is [NAME] now enrolled in junior or senior high school or a special secondary school for the disabled? (CIRCLE ONE CODE)

Yes . . . . 1 -> SKIP TO B1
No 2
Don't know . 8

A10. Did [NAME] graduate, voluntarily leave school, was [he/she] suspended or expelled, or is (he/she) older than the school age limit? (CIRCLE ONE CODE)

Graduated	1
Left voluntarily/dropped out	2
Temporarily suspended	3
Permanently expelled	4
Older than age limit	5
Don't know	8

B. Services

B1. Has [NAME] ever had training in job skills, career counseling, help in finding a job, or any other vocational education? (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND.) (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B6
Don't know .	8 -> SKIP TO B6

B2. For about how long has [he/she] had this job training or help? (ENTER NUMBER OR CIRCLE CODE)

______ semesters		_____ days
______ quarters	OR	_____ weeks
______ courses		_____ months
		_____ years
		Don't know . 98

B3. Has [NAME] had any of this job training or help in the past 12 months? (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B6
Don't know .	8 -> SKIP TO B6

B4. Who has given this job training or help in the past 12 months?
(PROBE: Anyone else?) (OK TO READ CATEGORIES 1-20 IF NEEDED)
(CIRCLE ALL THAT APPLY)

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A family member or friend	03
Youth's employer (other than military)	04
The Vocational Rehabilitation agency (VR, Voc Rehab)	05
A 2-year, junior, or community college	07
A trade or technical school	08
A 4-year college or university	09
The military	10
Mental health facility	12
Hospital/medical facility	13
Correctional institution	14
Group home	15
School district/school board	16
JTPA/Manpower/CETA/Job Corps	17
State, county, city	18
Sheltered workshop	19
Church (Goodwill)	20
Other (SPECIFY) ______________________________	97
Don't know	98

B5. What kinds of job training or help has [NAME] had in the past 12 months? Has [he/she] had...(READ LIST a-e, CIRCLE ONE CODE FOR EACH CATEGORY)

LIST	Yes	No	Don't Know
a. Testing to find out [his/her] work interests or abilities	1	2	8
b. Training in specific job skills, like car repair or food service	1	2	8
c. Training in basic skills needed for work, like counting change, telling time, or using transportation to get to work	1	2	8
d. Career counseling (like help in figuring out jobs [NAME] might be suited to)	1	2	8
e. Help in finding a job or learning to look for one	1	2	8
f. Other (SPECIFY) ______________________	1	2	8

B6. Has [NAME] ever had speech or language therapy? (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND.) (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B10
Don't know	8 -> SKIP TO B10

B7. Overall, would you say [NAME] has had speech or language therapy for... (READ CATEGORIES 1-6, CIRCLE ONE CODE)

Just a few days	1
A few weeks	2
A few months	3
About a year	4
Several years, or	5
Most of [his/her] life	6
Don't know	8

B8. Has [NAME] had any speech or language therapy in the past 12 months? (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B10
Don't know	8 -> SKIP TO B10

B9. Who has given [NAME] speech or language therapy in the past 12 months? (PROBE: Anyone else?) (OK TO READ CATEGORIES 1-15 IF NEEDED) (CIRCLE ALL THAT APPLY)

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A postsecondary school (e.g. college, junior college)	03
A private therapist	04
The Vocational Rehabilitation agency (VR/Voc Rehab)	05
A family member or friend	07
Mental health facility	09
Hospital/medical facility	10
Correctional institution	11
Group home	13
Trade school (not specified secondary/postsecondary)	14
School district/school board	15
Other (SPECIFY) ______________________	97
Don't know	98

B10. Has [NAME] ever had any personal counseling or therapy? (IF ASKED, WE MEAN PSYCHOLOGICAL COUNSELING, MENTAL HEALTH SERVICES, DRUG ABUSE THERAPY, OR GROUP COUNSELING) (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND.) (CIRCLE ONE CODE)

Yes	1	
No	2	-> SKIP TO B14
Don't know	8	-> SKIP TO B14

B11. Overall, has [NAME] had personal counseling or therapy for... (READ CATEGORIES 1-6, CIRCLE ONE CODE)

Just a few days	1
A few weeks	2
A few months	3
About a year	4
Several years, or	5
Most of (his/her) life	6
Don't know	8

B12. Has [NAME] had any personal counseling or therapy in the past 12 months? (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B14
Don't know .	8 -> SKIP TO B14

B13. Who has given [NAME] personal counseling or therapy in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A family member or friend	03
A private therapist	04
The Vocational Rehabilitation agency (VR/Voc Rehab) .	05
A 2-year, junior, or community college	07
A trade or technical school	08
A 4-year college or university	09
The military	10
Mental health facility	12
Hospital/medical facility	13
Correctional facility/probation officer	14
Group home	15
Church, pastor	16
Facility/hospital (not specified mental or medical .	17
School district/school board	19
Other (SPECIFY) ____________________ ____________________	97
Don't know	98

B14. Has [NAME] ever had any occupational therapy or other instruction in life skills, other than from family members or friends? Life skills instruction might include learning to manage money or learning cooking or housekeeping skills. Occupational therapy might include help in learning feeding, dressing, toileting, or grooming. (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B18
Don't know .	8 -> SKIP TO B18

B15. For about how long has [NAME] had occupational therapy or life skills training? (ENTER INFORMATION OR CIRCLE CODE)

______ semesters ______ days
______ quarters OR ______ weeks
______ courses ______ months
______ years
Don't know . 98

B16. Has [NAME] had any occupational therapy or life skills training, other than from family members or friends, in the past 12 months? (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B18
Don't know .	8 -> SKIP TO B18

B17. Who has given [NAME] occupational therapy or life skills training in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A 2-year, junior, or community college	03
The Vocational Rehabilitation agency (VR, Voc Rehab)	04
A trade or techncal school	06
A 4-year college or university	07
The military	08
A private occupational therapist	09
Mental health facility	11
Hospital/medical facility	12
Correctional facility/reform school	13
Group home	14
Church	17
School district/school board	18
Youth's employer/job	19
Other (SPECIFY) ______________________________ ______________________________________	97
Don't know	98

B18. Has [NAME] ever had a tutor, a reader to help [him/her] understand written material, or an interpreter to help [him/her] communicate? (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND.) (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT D
Don't know . 8 -> SKIP TO CHECKPOINT D

B19. Overall, has [NAME] had help from a tutor, reader, or interpreter for... (READ CATEGORIES 1-6, CIRCLE ONE CODE)

Just a few days 1
A few weeks 2
A few months 3
About a year 4
Several years, or 5
Most of (his/her) life 6
Don't know 8

B20. Has [NAME] had any help from a tutor, reader, or interpreter in the past 12 months? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT D
Don't know . 8 -> SKIP TO CHECKPOINT D

B21. Who has been [NAME'S] tutor, reader, or interpreter in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

A family member or friend	01
Another student	02
Staff from the junior or senior high school	03
Staff from a special secondary school for the disabled	04
Staff from a 2-year, junior, or community college	05
Staff from a trade or technical school	06
Staff from a 4-year college or university	07
Someone from an agency	08
Someone from the military	09
The institution [NAME] lives in	10
Mental health facility	11
Hospital/medical facility	12
Correctional facility	13
Group home	14
Vocational rehabilitation	16
Private tutor/private therapist	17
Church	18
School district/school board	20
Youth's employer/job	21
Other (SPECIFY) ________________________________	97
Don't know	98

INTERVIEWER CHECKPOINT D:

DOES YOUTH HAVE A HANDICAP OTHER THAN BEING LEARNING DISABLED, EMOTIONALLY DISTURBED, OR SPEECH IMPAIRED (SEE SAMPLE LABEL)

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> SKIP TO B37

B22. Has [NAME] ever had physical therapy, mobility training, or other help with physical disabilities? (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND AND COULD INCLUDE MEDICAL TREATMENT FOR A DISABILITY.) (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B26
Don't know .	8 -> SKIP TO B26

B23. Overall, has [NAME] had help with physical disabilities for... (READ CATEGORIES 1-6, CIRCLE ONE CODE)

Just a few days	1
A few weeks	2
A few months	3
About a year	4
Several years	5
Most of (his/her) life	6
Don't know	8

B24. Has [NAME] had any help with physical disabilities in the past 12 months? (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO B26
Don't know .	8 -> SKIP TO B26

B25. Who has given [NAME] help with physical disabilities in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A postsecondary school (e.g. college, junior college)	03
The Vocational Rehabilitation agency (VR, Voc Rehab)	04
A family member or friend	06
A private therapist or medical practitioner	07
Mental health facility	09
Hospital/medical facility	10
Correctional facility	11
Group home	12
School district/school board	14
Church	15
Other (SPECIFY) ________________________ ________________________	97
Don't know	98

B26. Has [NAME] ever been given special help with transportation because of [his/her] disability, other than from family members or friends? (IF ASKED, BY SPECIAL HELP WE MEAN SUCH THINGS AS RIDES ON SPECIAL VANS OR BUSES PROVIDED BY OTHERS, OR HAVING AN AIDE RIDE WITH THE YOUTH ON THE BUS TO HELP HIM/HER GET ON AND OFF, OR GETTING RIDES REGULARLY FROM SOMEONE IN AN AGENCY). (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT E
Don't know . 8 -> SKIP TO CHECKPOINT E

B27. Has [NAME] had any special help with transportation in the past 12 months? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT E
Don't know . 8 -> SKIP TO CHECKPOINT E

B28. Who has given [NAME] special help with transportation? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

Youth's junior or senior high school	01
A special school for the disabled	02
Another school	03
The Vocational Rehabilitation agency	04
Mental health facility	06
Hospital/medical facility	07
Correctional facility	08
Group home	09
School board/school district	11
Church	12
Welfare department	13
Employer	14
State, county, city	15
Other (SPECIFY) ______________________ ______________________	97
Don't know	98

B29. What kinds of help with transportation has [NAME] had in the past 12 months? (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ALL THAT APPLY)

Rides on special vans or buses for the disabled	01
Help getting into regular cars or public transportation	02
Help walking to school/work	03
Family or youth owns vehicle adapted to disability	04
Someone to push wheelchair	05
Rides to places wouldn't be able to get to otherwise	06
Rides to and from school (cab)	08
Reimbursement, money, free passes, reduced bus cards	09
Aide on bus	10
Regular school bus	11
Other (SPECIFY) ______________________ ______________________	97
Don't know	98

INTERVIEWER CHECKPOINT E:

IS YOUTH HARD OF HEARING, DEAF, DEAF/BLIND, OR MULTIPLY HANDICAPPED (SEE SAMPLE LABEL)?

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> SKIP TO CHECKPOINT F

B30. Has [NAME] ever had any hearing-loss therapy, such as instruction in lip reading or sign language? (IF ASKED, THIS COULD INCLUDE HELP FROM A FAMILY MEMBER OR FRIEND.) (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT F
Don't know . 8 -> SKIP TO CHECKPOINT F

B31. Overall, has [NAME] had hearing-loss therapy for... (READ CATEGORIES 1-6, CIRCLE ONE CODE)

Just a few days 1
A few weeks 2
A few months 3
About a year 4
Several years 5
Most of (his/her) life 6
Don't know 8

B32. Has [NAME] had any hearing-loss therapy in the past 12 months? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT F
Don't know . 8 -> SKIP TO CHECKPOINT F

B33. Who has given [NAME] hearing-loss therapy in the past 12 months? (PROBE: Anyone else?) (CIRCLE ALL THAT APPLY)

Youth's junior or senior high school	01
A special secondary school for the disabled	02
A postsecondary school (e.g. college/junior college)	03
The Vocational Rehabilitation agency (VR, Voc Rehab)	04
A family member or friend	06
A private therapist or medical practitioner	07
Mental health facility	09
Hospital/medical facility	10
Correctional facility	11
Group home	12
School district/school board	14
Employer	15
Church	16
Other (SPECIFY) ____________________ ____________________	97
Don't know	98

INTERVIEWER CHECKPOINT F:

IS YOUTH DEAF/BLIND, VISUALLY IMPAIRED, ORTHOPEDICALLY IMPAIRED, MULTIPLY HANDICAPPED, OR OTHER HEALTH IMPAIRED (SEE SAMPLE LABEL)?

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> SKIP TO Q. B37

B34. Has [NAME] ever had a paid personal attendant, such as an at-home nurse or someone to help [him/her] during the day or night? (IF ASKED, WE MEAN AT-HOME CARE, NOT NURSING CARE IN A HOSPITAL, FOR EXAMPLE.) (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT G
Don't know . 8 -> SKIP TO CHECKPOINT G

B35. Has [NAME] had a paid personal attendant in the past 12 months? (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . 8

B36. Have there been any changes to the place where [NAME] has ever lived to make it easier for [him/her] to live there because of [his/her] disability (e.g., adding wheelchair ramps or hand rails)? (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . 8

B37. In the past 12 months, has [NAME] had a case manager at school or in a service agency? By case manager, I mean someone who coordinates services from different agencies for [NAME]. (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . 8

INTERVIEWER CHECKPOINT G:

IS YOUTH OUT-OF-SCHOOL? [OUT OF SCHOOL CAN BE: GRADUATED FROM HIGH SCHOOL (A10 = 1); LIVING IN MILITARY HOUSING OR COLLEGE DORM (A2 = 6,7); NOT IN SCHOOL NOW (A8 = 2 OR 9) OR YOUTH IS 23 OR OLDER] (SEE SAMPLE LABEL)

YES . . . . 1 -> SKIP TO C4
NO . . . . 2 -> CONTINUE

WAS YOUTH IN AN INSTITUTION FOR 12 MONTHS OR MORE (SEE Q. A3)?

YES . . . . 1 -> SKIP TO G1
NO . . . . 2 -> CONTINUE

C. Employment Outcomes

C1. Does [NAME] have a work-study job now, that is, a job [he/she] does as part of the school program or that [he/she] does for school credit? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO C4
Don't know . 8 -> SKIP TO C4

C2. What does [he/she] do? (PROBE: Can you tell me a little about the place [NAME] does this work.) (ENTER ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE: ENTER EACH JOB ON DIFFERENT LINE, OR CIRCLE CODE)

1)______________________________

2)______________________________

3)______________________________

4)______________________________

5)______________________________

Don't know 98

C3. Does [NAME] get paid for this work? (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . 8

C4. Does [NAME] now do any work for which [he/she] gets paid, other than (his/her work study job or) work around the house? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO C14
Don't know . 8 -> SKIP TO C14

C5. How many of these paid jobs, other than (his/her work study job or) work around the house, does [NAME] have? (ENTER NUMBER OR CIRCLE CODE)

_______ number
Don't know . 98

C6a. What does [he/she] do? (PROBE: Can you tell me a little about the place [NAME] does this work?) (ENTER ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE: ENTER EACH JOB ON A SEPARATE LINE, OR CIRCLE CODE IN COLUMN A)

b. (ASK IF MORE THAN ONE KIND OF JOB) Of these jobs, at which job does [he/she] spend the most time? (CIRCLE ONE CODE IN COLUMN b)

a.	b.
1)_______________________________	1
2)_______________________________	2
3)_______________________________	3
4)_______________________________	4
5)_______________________________	5
98 Don't know	98 -> SKIP TO C19

IF MORE THAN 1 JOB (C5 GREATER THAN 1), SAY: My next questions are about the job at which [NAME] spends the most time.

C7. Does [NAME] do this work at a sheltered workshop, that is a place where most of the other workers are disabled? (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . 8

C8. About how long has [NAME] had this job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

______ semesters

______ quarters OR

________ weeks

________ months

________ years

Don't know 98

C9. About what is [his/her] pay for this work? (IF ASKED, WE WANT PAY BEFORE TAXES OR DEDUCTIONS; ENTER NUMBER OR CIRCLE CODE)

$________/hour

$________/week

$________/month

$________/year

minimum wage 000

Don't know 998

C10. About how many hours a week does [NAME] usually work at this job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

______ hours per week

Don't know 98

INTERVIEWER CHECKPOINT H:

OTHER THAN WORK AROUND THE HOUSE, DOES YOUTH HAVE ONLY ONE PAID JOB (C3 OR C4 = 1; OR C5 - 1 AND C3 NOT 1)?

YES . . . . 1 -> SKIP TO C12
NO . . . . 2 -> CONTINUE

C11. Next, I would like you to think about all of the paid jobs that [NAME] has now, not including work around the house. About how many hours a week does [NAME] usually work at paid jobs? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

_______ hours

Don't know 98

C12. What is the longest time [NAME] has ever had a paid job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

_____ semesters
_____ quarters OR
________ days
________ weeks
________ months
________ years
Don't know 98

C13. Has [NAME] been fired from a paid job in the past 12 months? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 } SKIP TO C19
Don't know . 8

C14. Has [NAME] done any work for pay in the past 12 months, other than (his/her work study job or) work around the house? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO C19
Don't know . 8 -> SKIP TO C19

C15. About how many of these paid jobs, other than (his/her work study job or) work around the house, has [he/she] had in the past 12 months? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

_____ number
Don't know . 98

C16. What kind(s) of paid job(s), not including work around the house, has [NAME] had in the past 12 months? (PROBE: Can you tell me about the place [NAME] does this work?) (PUT ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE;
ENTER EACH JOB ON A SEPARATE LINE, OR CIRCLE CODE)

1) ____
2) ____
3) ____
4) ____

Don't know . . . 98

C17. What is the longest time [NAME] has ever had a paid job? (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

________ days

________ weeks

________ months

________ years

Don't know . 98

C18. Why did [NAME] leave (that job/the job he/she had the longest)? Did he/she quit, was he/she fired, was he/she laid off, or was it a temporary job that ended? (CIRCLE ONE CODE)

Youth quit	1
Youth was fired	2
Youth was laid off . . .	3
Temporary job ended . .	4
Don't know	8

C19. Has [NAME] done any volunteer work, not including work around the house, in the past 12 months? (IF ASKED, THIS DOES NOT INCLUDE ANY UNPAID WORK STUDY JOB ALREADY REPORTED IN C1.) (CIRCLE ONE CODE)

Yes	1	
No	2	-> SKIP TO CHECKPOINT I
Don't know .	8	-> SKIP TO CHECKPOINT I

C20. What kinds of volunteer work, not including work around the house, has [NAME] done in the past 12 months? (PROBE: Can you tell me a little about the place [NAME] does this work?) (ENTER ALL ACTIVITIES FOR A SINGLE JOB ON THE SAME LINE: ENTER EACH JOB ON A SEPARATE LINE, OR CIRCLE CODE)

1) ________________________________

2) ________________________________

3) ________________________________

4) ________________________________

5) ________________________________

Don't know . . . 98

INTERVIEWER CHECKPOINT I:

1) IS YOUTH STILL IN SECONDARY SCHOOL (SEE Q. A9)?

YES . . . . 1 -> SKIP TO E1
NO . . . . 2 -> CONTINUE

2) HAS YOUTH GRADUATED FROM HIGH SCHOOL (A2 = 6 OR A10 =1)?

YES . . . . 1 -> SKIP TO D3
NO . . . . 2 -> CONTINUE

D. Postsecondary Education Outcomes

D1. In the past 12 months, has [NAME] taken any courses to earn a high school diploma? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO D3
Don't know . 8 -> SKIP TO D3

D2. Has [NAME] gotten a diploma or degree from this coursework? (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . . 8

D3. In the past 12 months, has [NAME] taken any courses from a vocational or trade school? (IF ASKED, THIS DOES NOT INCLUDE 2-YEAR, JUNIOR, OR COMMUNITY COLLEGE EVEN IF THE COURSES TAKEN THERE ARE VOCATIONAL COURSES. IT DOES INCLUDE SUCH THINGS AS BEAUTY SCHOOL, MECHANICS SCHOOL, SECRETARIAL SCHOOL, OTHER TRADE SCHOOLS.) (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO D6
Don't know . 8 -> SKIP TO D6

D4. About how many courses has [NAME] taken in the past 12 months? (IF SAYS "DON'T KNOW", ASK: How many credits did [NAME] earn from this work?) (ENTER NUMBER IN APPROPRIATE CATEGORY OR CIRCLE CODE.)

______ number of courses
______ number of credits
Full time 01
Part time 02
Don't know 98

D5. Has [NAME] gotten a diploma, certificate, or license from this work? (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . . 8

D6. In the past 12 months, has [NAME] taken any courses from a 2-year junior college or community college? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO D9
Don't know . 8 -> SKIP TO D9

D7. About how many courses has [NAME] taken in the past 12 months? (IF SAYS "DON'T KNOW," ASK: How many credits did [NAME] earn from this work?) (ENTER NUMBER IN APPROPRIATE CATEGORY)

______ number of courses
______ number of credits
Don't know . . 98

D8. Has [NAME] gotten a diploma. degree or license from this work? (CIRCLE ONE CODE)

Yes 1
No 2
Don't know . . 8

D9. In the past 12 months, has [NAME] taken any courses from a 4-year college or university? (CIRCLE ONE CODE)

Yes 1
No . . . . . 2 -> SKIP TO CHECKPOINT J
Don't know . 8 -> SKIP TO CHECKPOINT J

D10. About how many courses has [NAME] taken in the past 12 months? (IF DON'T KNOW, ASK: How many credits did [NAME] earn from this work?) (ENTER NUMBER OR CIRCLE CODE, AS APPROPRIATE)

_______ number of courses

_______ number of credits

Don't know 98

D11. Has [NAME] gotten a diploma or degree from this work? (CIRCLE ONE CODE)

Yes	1
No	2
Don't know . .	8

INTERVIEWER CHECKPOINT J:

HAS YOUTH TAKEN ANY COURSES SINCE HIGH SCHOOL
(DOES Q. D1, OR D3, OR D6, OR D9 = 1)

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> SKIP TO E1

D12. About how well has [NAME] done in [his/her] classes or programs in the past 12 months? Would you say [he/she] has gotten... (READ CATEGORIES 1-7, CIRCLE ONE CODE)

Mostly A's (3.75 to 4.00 Grade point average) . . .	01
About half A's and half B's (3.25 to 3.74 GPA) . . .	02
Mostly B's (2.75 to 3.24 GPA)	03
About half B's and half C's (2.25 to 2.74 GPA) . . .	04
Mostly C's (1.75 to 2.24 GPA)	05
About half C's and half D's (1.24 to 1.74 GPA) . . .	06
Mostly D's or below (less than 1.25 GPA)	07
Courses not graded	08
Don't know	98

E. Independent Living Outcomes

E1. About how many days a week does [NAME] usually get together socially with friends (IF IN SCHOOL ADD, "outside of class") (IF NOT IN SCHOOL, WE MEAN FRIENDS OTHER THAN THOSE THE YOUTH MIGHT BE LIVING WITH) (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ONE CODE)

Never	0
Less than 1 .	1
One	2
2 or 3 . . .	3
4 or 5 . . .	4
6 or 7 . . .	5
Don't know .	8

E2. In the past 12 months, has [NAME] belonged to any school or community groups, like a sports team or a church group? (CIRCLE ONE CODE)

Yes	1	
No	2	-> SKIP TO E4
Don't know .	8	-> SKIP TO E4

E3. What kinds of groups has [NAME] belonged to in the past 12 months? (PROBE: Any others?) (CIRCLE ALL THAT APPLY)

Sports teams (in or out of school; includes Special Olympics)	01
Performing groups (choir, band, dance, theater, cheerleader) .	02
Community groups (Scouts, church or political groups)	03
School subject matter clubs (science, language, yearbook) . .	04
Hobby clubs (photography, computer club)	05
Student government (student council)	06
Union, or professional group	07
Sorority or fraternity, or other social group	08
Volunteer service groups (Candystripers)	09
Vocational clubs (Future Homemakers, DECA)	10
Junior Achievement	11
Handicap related support group	12
Honor Society	13
Other (SPECIFY) ______________________________	97
Don't know	98

E4. Has [NAME] ever been arrested? (CIRCLE ONE CODE)

Yes	1
No	2
Don't know .	8
Refused . .	9

E5. Does [NAME] get an allowance or have other money about which [he/she] makes decisions? (IF ASKED, THIS COULD INCLUDE MONEY EARNED FROM A JOB) (CIRCLE ONE CODE)

Yes	1
No	2
Don't know .	8

INTERVIEWER CHECKPOINT K:

DOES YOUTH HAVE A HANDICAP OTHER THAN BEING LEARNING DISABLED, HARD OF HEARING, SPEECH IMPAIRED OR EMOTIONALLY DISTURBED (SEE SAMPLE LABEL)?

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> SKIP TO E7

E6. How well does [NAME] do each of the following things on [his/her] own, without help? (READ FIRST ITEM) Would you say very well, pretty well, not very well, or not at all well? (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

LIST	Very Well	Pretty Well	Not Very Well	Not at all Well	Don't Know
a. Dress (himself/herself) completely . .	4	3	2	1	8
b. Feed (himself/herself) completely . . .	4	3	2	1	8
c. Get places outside the home, like to school, to a nearby store or park, or to a neighbor's house	4	3	2	1	8

E7. How well does [NAME] do each of the following things on (his/her) own, without help? (READ FIRST ITEM) Would you say very well, pretty well, not very well, or not at all well? (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

LIST	Very Well	Pretty Well	Not Very Well	Not at all Well	Don't Know
a. Look up telephone numbers in the phone book and use the phone	4	3	2	1	8
b. Tell time on a clock with hands	4	3	2	1	8
c. Read and understand common signs, like STOP, MEN, WOMEN, or DANGER	4	3	2	1	8
d. Count change	4	3	2	1	8

INTERVIEWER CHECKPOINT L:

IS YOUTH LIVING AT HOME (A2 = 1)?

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> CONTINUE TO CHECKPOINT M

E8. When the following chores need doing, about how often, on [his/her] own, does [NAME]...(READ LIST) "Would you say it is always, usually, sometimes, or never? (CIRCLE ONE CODE FOR EACH ITEM)

	Always	Usually	Sometimes	Never	Don't Know
a. Fix [his/her] own breakfast or lunch	4	3	2	1	8
b. Buy a few things at the store like groceries or things [he/she] needs for school	4	3	2	1	8
c. Do laundry	4	3	2	1	8
d. Straighten up [his/her] own room or living area	4	3	2	1	8

INTERVIEWER CHECKPOINT M:

IS YOUTH DEAF, DEAF/BLIND, MULTIPLY HANDICAPPED, OR HARD OF HEARING (SEE SAMPLE LABEL)?

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> CONTINUE TO CHECKPOINT N

E9. In the past 12 months, has [NAME] used any of the following kinds of help because of [his/her] disability? Has [he/she] used... (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

LIST	Yes	No	Don't know
a. A TDD, TTY or teletype (telecommunications device for the deaf) .	1	. 2 . . .	8
b. A telephone amplifier	1	. 2 . . .	8
c. A hearing aid	1	. 2 . . .	8
d. Closed captioned television	1	. 2 . . .	8
e. A hearing dog	1	. 2 . . .	8
f. Voice aids	1	. 2 . . .	8
g. Amplified or flashing or vibrating indicators on household fixtures/ appliances (e.g., clocks, doorbell, telephone)	1	. 2 . . .	8
h. Any other devices to help with hearing problems? (SPECIFY) ____________________ ____	1	. 2 . . .	8

INTERVIEWER CHECKPOINT N:

IS YOUTH ORTHOPEDICALLY IMPAIRED, MULTIPLY HANDICAPPED, OR OTHER HEALTH IMPAIRED (SEE SAMPLE LABEL)?

YES . . . . 1 -> CONTINUE
NO . . . . 2 -> CONTINUE TO CHECKPOINT O

E10. In the past 12 months, has [NAME] used any of the following kinds of help because of [his/her] disability? (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

LIST	Yes	No	Don't know
a. Has (he/she) used a wheel chair, electric cart, 3 wheel cart?	1	2	8
b. Has (he/she) used crutches, a cane, or a walker?	1	2	8
c. Have there been changes to the car?	1	2	8
d. Has (he/she) used prosthetics or orthotics, such as leg braces or an artificial limb?	1	2	8
e. Has (he/she) used a computers designed to compensate for a disability?	1	2	8
f. Has (he/she) used any other devices to help get around? (SPECIFY) ______________ ______________________________________	1	2	8

INTERVIEWER CHECKPOINT O:

IS YOUTH VISUALLY IMPAIRED, DEAF/BLIND, OR MULTIPLY HANDICAPPED (SEE SAMPLE LABEL)?

YES . . . . 1 -> CONTINUE
NO . . . . . 2 -> CONTINUE TO F1

E11. In the past 12 months, has [NAME] used any of the following kinds of help because of [his/her] disability? Has [he/she] used... (READ LIST, CIRCLE ONE CODE FOR EACH ITEM)

		LIST	Yes	No	Don't know
	a.	A seeing-eye dog	1	2	8
	b.	Large-print or Braille readers/ writers (e.g., Visual Tech)	1	2	8
	c.	An opticon or optical scanner	1	2	8
If E10e answered don't ask E11d	d.	A computer designed to compensate for a disability	1	2	8
	e.	Eyeglasses, magnifying glass, hand telescope, monocular	1	2	8
	f.	Talking clock, talking calculator, tape recorder	1	2	8
	g.	White cane	1	2	8
	h.	Any other devices to help with problems seeing? (SPECIFY) ____________________ ____________________	1	2	8

F. Family Characteristics

My next questions are about the household [NAME] is now part of.

F1. Is this a one-parent or two-parent household? (CIRCLE ONE CODE)

One-parent	1
Two-parent	2
Don't know	8
Refused	9

F2. How many children are now part of the household? (ENTER NUMBER OR CIRCLE CODE)

______ number of children -> IF 0 OR 1,
Don't know . . . . . . 98 SKIP TO F4

F3. Do other children in the household besides [NAME] have a learning problem or other disability? (CIRCLE ONE CODE)

Yes	1
No	2
Don't know .	8

F4. Does the head of household have a learning problem or other disability? (CIRCLE ONE CODE)

Yes	1
No	2
Don't know .	8

F5. What is the highest year or grade the head of household finished in school? (OK TO READ CATEGORIES IF NEEDED) (CIRCLE ONE CODE)

11th grade or less	1
High school diploma	2
Some college	3
2-year college degree (AA)	4
4 year college degree (BA, BS)	5
Some graduate work/no grad. degree . . .	6
Graduate degree (MA/MBA/PhD/MD/JD) . . .	7
Don't know	8
Refused	9

F6. Does the head of household have a paying job now? (CIRCLE ONE CODE)

Yes	1	
No	2	-> SKIP TO E4
Don't know .	8	-> SKIP TO E4

F7. In an average week, about how many hours does the head of household work for pay? (OK TO READ CATEGORIES) (CIRCLE ONE CODE)

Less than 20	1
20 to 35	2
Over 35	3
Don't know	8

F8. We want to group housesholds by income. Think of the income the household got in 1986 from all sources before taxes. Was this ... (READ CATEGORIES 1-6; CIRCLE ONE CODE)? (IF RESPONDENT SAYS "DON'T KNOW," PROBE: Was the amount under $25,000 or $25,000 and over?)

Under $12,000	01
$12,000, but less than $20,000	02
$20,000, but less than $25,000	03
$25,000, but less than $38,000	04
$38,000, but less than $50,000	05
Over $50,000	06
Under $25,000, but not specified	07
Over $25,000, but not specified	08
Don't know	98
Refused	99

F9. In the past 12 months, has your household gotten money or benefits from any of the following programs? (READ LIST; CIRCLE ONE CODE FOR EACH ITEM)

LIST	Yes	No	Don't Know	Refused
a. Social Security Disability Insurance (SSDI)	1	2	8	9
b. Social Security Survivors Benefits	1	2	8	9
c. Supplemental Security Income (SSI)	1	2	8	9
d. Medicaid or another state-supported health care program	1	2	8	9
e. Aid to Families with Dependent Children (AFDC)	1	2	8	9
f. Public assistance (not including foster care)	1	2	8	9
g. Food Stamps	1	2	8	9
h. Unemployment insurance	1	2	8	9
i. WIC (Women, Infants & Children)	1	2	8	9
j. Other (SPECIFY) ____________________ ____________________	1	2	8	9

CONCLUSION

G1. We will be asking questions like these again in the next few years. Do you think [NAME] could answer questions like these over the phone for [himself/herself]? (CIRCLE ONE CODE)

Yes	1
No	2 -> SKIP TO G3
Don't know .	8 -> SKIP TO G3

G2. Would you be willing for us to ask questions like these of [NAME] in the next few years? (CIRCLE ONE CODE)

Yes	1
No	2
Don't know .	8

G3. Would you please give me the name, address, and telephone number of someone who is likely to know where you are if you move in the next few years? (ENTER INFORMATION OR CIRCLE CODE)

NAME: ______________________________

ADDRESS: ______________________________

____

____

PHONE: ______________________________

Don't know . .	98
Refused	99

THANK YOU VERY MUCH FOR YOUR HELP IN ANSWERING THESE QUESTIONS.

NATIONAL TRANSITION STUDY: PARENT/GUARDIAN SURVEY

The following questions refer to the youth listed on the label on the other side of this questionnaire.

1. Where does the youth live now? PLEASE CIRCLE ONE NUMBER

   1 With parent or guardian
   2 Alone
   3 With a spouse or roommate
   4 In a residential school (other than college)
   5 In a hospital or institution for the disabled
   6 Somewhere else PLEASE EXPLAIN ______________________________

2. Is the youth now enrolled in junior or senior high school or in a special school for youth who are of junior or senior high school age? PLEASE CIRCLE ONE NUMBER

   1 Yes → **PLEASE GO TO QUESTION 5.**
   2 No → **PLEASE ANSWER QUESTION 3.**

3. Did the youth graduate, voluntarily leave school, was he/she suspended or expelled, or is he/she older than the school age limit? PLEASE CIRCLE ONE NUMBER

   1 Graduated
   2 Left voluntarily/dropped out
   3 Temporarily suspended
   4 Permanently expelled
   5 Older than age limit

4. From which of the following types of schools (if any) has the youth taken courses in the past 12 months? PLEASE CIRCLE ALL THAT APPLY

   1 A vocational or trade school
   2 A 2-year junior college or community college
   3 A 4-year college or university
   4 None of the above

5. Does the youth do any work for pay now (other than work around the house)? PLEASE CIRCLE ONE NUMBER

   1 Yes → **PLEASE ANSWER QUESTION 6.**
   2 No → **PLEASE GO TO QUESTION 7.**

6. About what is his/her hourly pay for this work? $____.____ per hour

7. Has the youth done any work for pay in the past 12 months (other than work around the house)? PLEASE CIRCLE ONE NUMBER

   1 Yes
   2 No

Thank you for your help with this very important study. We would like to send you a summary of our results. Also, we may need to ask you a few additional questions. **Please fill in your address and telephone number below, and return the questionnaire to us in the enclosed envelope.**

Street Address:____

City: ______________________________ State: _____ Zip Code: ___________

Home phone number: (___) ___-____ Alternate phone number: (___) ___-_____

Appendix B School Record Abstract Form
Abstract Instructions

STUDENT RECORD ABSTRACT FORM

Attach Student
Label Here

[1/1-7]

Information is provided for the following school year (CHECK ONE):

______ 1986-87

______ 1985-86

[1/8-9]

(The year checked should be the most recent year in which student was enrolled in school, not including 1987-1988)

Name of Abstractor: ________________________________

Date Abstracted: ________________________________

IMPORTANT: Read the "Instructions" document before filling out this form.

INSTRUCTIONS: Please provide the following information for the student for the school year indicated on the cover sheet of this record abstract form. Explain special circumstances or problems on the inside back cover (page 10).

1a. What are this student's disabilities?
(IN COLUMN A, PLEASE CIRCLE __ALL__ THAT APPLY)

b. What is his/her primary disability?
(IN COLUMN B, PLEASE CIRCLE __ONE__ NUMBER)

NOTE: If students in this school are not categorized according to their disability, please code "Other" and give a functional description of this student's disabilities (e.g., amount of hearing loss, emotional problem, physical impairment) or indicate the state/local category this student is assigned to.

A. All Disabilities	B. Primary Disability	
1	1	Learning disabled
2	2	Emotionally disturbed/behaviorally disordered (SED, BD, ED)
3	3	Mildly mentally retarded (EMR)
4	4	Moderately mentally retarded (TMR)
5	5	Severely mentally retarded (SMR)
6	6	Orthopedically impaired, physically handicapped
7	7	Speech or language impaired
8	8	Aphasic
9	9	Deaf
10	10	Hard of hearing, hearing impaired
11	11	Partially sighted
12	12	Completely blind
13	13	Developmentally disabled
14	14	Autistic
15	15	Other health impaired *(SPECIFY IMPAIRMENT)*__________ ____________________
16	16	Other *(SPECIFY)*____________________ ____________________
17		Declassified--was determined to be no longer eligible for special education
[1/10-43]	[1/44-45]	

2. What was the student's grade level during the school year indicated on the cover sheet?
(PLEASE CIRCLE ONE NUMBER)

1 Seventh grade
2 Eighth grade
3 Ninth grade
4 Tenth grade
5 Eleventh grade
6 Twelfth grade
7 Ungraded
8 Don't know

[1/46]

3a. What are all of the settings in which this student received educational services in the school year indicated on the cover sheet?
(PLEASE CIRCLE ALL THAT APPLY IN COLUMN A)

b. In which setting did this student spend the most time?
(PLEASE CIRCLE ONE NUMBER IN COLUMN B)

A. All Settings	B. Primary Setting	
1	1	Special school for the disabled
2	2	Self-contained special education class
3	3	Regular education classes
4	4	Resource room or pull-out services (e.g., speech therapy, part-time services)
5	5	Hospital/mental health facility
6	6	Homebound
7	7	Other *(SPECIFY)* ______________________
	8	Equal amount of time in two or more settings circled in Column A *(SPECIFY THE SETTINGS)* ______________________
98	98	Don't know
[1/47-54]	[1/55-56]	

4. In the school year indicated on the cover sheet, what was this student's primary course of study?
(PLEASE CIRCLE ONE NUMBER)

1 College preparatory
2 General education
3 Special education
4 Remedial/compensatory education
5 Vocational education
6 Other *(SPECIFY)* ______________________
8 Don't know

[1/57]

5. On the following 2 pages, please indicate all the courses the student took during the school year indicated on the cover sheet. Classes have been grouped by subject. If a student took a class that does not appear on the list, enter the type of class taken on the blank line under the appropriate subject (e.g., algebra under "Mathematics courses"). If the same class was taken in both semesters, list it only once.

a. In Column A, enter the average number of hours per week the student spent in each class/activity during the school year indicated on the cover sheet.
(PLEASE GIVE YOUR BEST ESTIMATE)

b. In Column B, for each class taken, indicate whether the student took 1 or 2 semesters. If the school or district uses some other grading period, please indicate on the inside back cover of this form (page 10) the time period used (e.g., trimesters, quarters) and use the "Other" category to indicate for how many of these periods the student took each course.
(PLEASE CIRCLE ONE NUMBER)

c. In Column C, circle the letter grade the student received for each class taken during the school year indicated on the cover sheet. If the student received a grade that is not a letter grade, please use the "Other" category and indicate the grade/score given (e.g., Pass/Fail, percentage score). When you use the "Other" category, use the inside back cover (page 10) to explain the grading system (e.g., 90%-100% is equivalent to an A, passing is equivalent to a C). If the student did not receive a grade at all, circle the "NG" (nongraded). If the student received more than one grade during the year for a course, indicate the most recent grade.
(PLEASE CIRCLE ONE LETTER OR ENTER THE APPROPRIATE SCORE)

d. In Column D, circle the number indicating whether this student was in a regular class or a special education class for each kind of class/activity.
(PLEASE CIRCLE ALL THAT APPLY)

	A.	B.			C.							D.		
												Kind of Class		
Kind of Subjects	Hours per Week	Number of Semesters			Letter Grade							Regular Ed.	Special Ed.	Don't Know
				(other)							(other)			
English courses:														
English	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
Speech/debate	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
Reading	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
														[2/8-32]
Math courses:														
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
														[2/33-42]
Social science courses:														
History/social studies	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
Government	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
Economics	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
														[2/43-67]
Science courses:														
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
														[2/68-77]
Foreign language:														
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
														[3/8-17]
Home economics:														
Life skills	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8
______	______	1	2	______	A	B	C	D	F	NG	______	1	2	8

[3/18-32]

	A.	B.	C.	D.		
				Kind of Class		
Kind of Subjects	Hours per Week	Number of Semesters	Letter Grade	Regular Ed.	Special Ed.	Don't Know
		(other)	(other)			
The Arts:						
Art	____	1 2 ____	A B C D F NG ____	1	2	8
Music	____	1 2 ____	A B C D F NG ____	1	2	8
Drama	____	1 2 ____	A B C D F NG ____	1	2	8
____	____	1 2 ____	A B C D F NG ____	1	2	8
____	____	1 2 ____	A B C D F NG ____	1	2	8
						[3/33-57]
Vocational education (e.g., shop, typing):						
____	____	1 2 ____	A B C D F NG ____	1	2	8
____	____	1 2 ____	A B C D F NG ____	1	2	8
Physical education:	____	1 2 ____	A B C D F NG ____	1	2	8
						[3/58-72]
Special education						
(undefined):	____	1 2 ____	A B C D F NG ____	1	2	8
____	____	1 2 ____	A B C D F NG ____	1	2	8
____	____	1 2 ____	A B C D F NG ____	1	2	8
Other (e.g., driver's ed., study hall)						[4/8-22]
____	____	1 2 ____	A B C D F NG ____	1	2	8
____	____	1 2 ____	A B C D F NG ____	1	2	8

[4/23-32]

6a. If the student has taken vocational education classes during the school year indicated on the cover sheet, please indicate the type of vocational education taken.
(PLEASE CIRCLE ALL THAT APPLY. SKIP TO QUESTION 7 IF THE STUDENT DID NOT TAKE ANY VOCATIONAL EDUCATION CLASSES DURING THAT SCHOOL YEAR.)

1 Agriculture (e.g., animal and plant science, landscaping/gardening, horticulture/nursery, forestry)
2 Distributive education (e.g., retailing, banking and finance, cashier, hotel/tourism/recreation, marketing and sales, advertising, warehousing, transportation/driver, real estate)
3 Health occupations (e.g., health care, medical and dental assistant, nursing, community and environmental health)
4 Office occupations (e.g., secretarial, clerical, typing, accounting, data processing, computer programming and operations)
5 Technical education (e.g., engineering, architecture, aviation and aeronautics)
6 Machine shop, auto and motor repair
7 Construction trades (e.g., carpentry, masonry, plumbing, wood working, metal working, welding)
8 Electrical, electronics, communication, air conditioning
9 Manufacturing, industrial arts
10 Painting, interior design/decorating
11 Graphic and commercial arts, drafting, printing, photography
12 Food services, cook, food server, hostess, dishwasher
13 Personal services, cosmetology, laundry/cleaning
14 Custodial services/janitor
15 Fireman, law enforcement, public service
16 Other *(SPECIFY)*______________________________
98 Don't know

[4/33-66]

b. Who sponsored these vocational classes (or, where were the classes taken)? *(PLEASE CIRCLE ALL THAT APPLY)*

1 A regular academic middle or high school
2 A vocational center/school
3 A specialized center (e.g., for special education students or handicapped adults)
8 Don't know

[4/67-70]

7. During the school year indicated on the cover sheet, how many days was this student absent, excluding days suspended? If days aren't available, indicate the number of classes the student was absent.
(PLEASE ENTER ONLY ONE NUMBER)

__________ Days absent   OR   __________ Classes absent

[4/71-73]   [4/74-76]

8. In the school year indicated on the cover sheet, how many days was this student suspended?
(PLEASE ENTER NUMBER)

__________ Days suspended

[4/77-78]

9. Which of the following services did the student receive from or through the school system (this can include contracted services) during the school year indicated on the cover sheet?
(PLEASE CIRCLE ALL THAT APPLY)

1 Physical therapy

2 Occupational therapy

3 Assistive devices or physical adaptations (e.g., hearing aid, optical scanner, special desk, wheelchair, glasses)

4 Mental health services, personal/group counseling, therapy or psychiatric care

5 Speech or language therapy

6 Hearing-loss therapy (e.g., instruction in sign language or lip reading)

7 Tutor, reader, or interpreter

8 Special transportation because of disability (e.g., help in travel or special equipment such as lifts, ramps)

9 Adaptive physical education

10 Health services (e.g., catheterization)

11 Testing for disabilities (e.g., psychological assessment, classroom observation)

12 Social work services

00 None of the above

[5/8-33]

10. Has the student taken a minimum competency or proficiency test at any time during his/her secondary school attendance (grades 9-12)? *(PLEASE CIRCLE ONE NUMBER)*

1 Yes *(PLEASE ANSWER QUESTION 11)*

2 No, student has been exempted from the test *(PLEASE GO TO QUESTION 12)*

3 No, school/district doesn't give a minimum competency test at these grade levels or at the student's grade level *(PLEASE GO TO QUESTION 12)*

[5/34]

11. Did he/she meet all, part, or none of the minimum competency requirement? *(PLEASE CIRCLE ONE NUMBER)*

1 Met all of the requirements (i.e., passed all minimum competency tests)

2 Met part of the requirements (i.e., passed some, but not all sections or tests)

3 Did not meet any part of the requirements (i.e., did not pass any test)

8 Don't know

[5/35]

12. Please indicate the most recent of the following IQ tests, if any, this student has taken and the year the test was taken. *(PLEASE CIRCLE ONE NUMBER)*

	Year Taken	Test Form (if indicated)
1 Wechsler Intelligence Scale for Children--Revised (WISC-R)	________	________
2 Wechsler Adult Intelligence Scale--Revised (WAIS-R)	________	________
3 Stanford Binet	________	________
4 Peabody Picture Vocabulary Test (PPVT)	________	________

5 No indication of the test taken, only IQ score given *(PLEASE SPECIFY SCORE)*

__________ IQ [5/39-41]

8 No data available

(PLEASE GO TO QUESTION 14)

[5/36]

[5/37-38]

13. **What overall test score or IQ score did the student receive on the test indicated in Question 12? If the IQ or overall test score is not given, indicate the mental age or grade equivalent score if provided.**
(PLEASE ENTER APPROPRIATE NUMBER)

__________	IQ score (overall performance/ full-scale score)	OR	Mental age Grade equivalent	__________ __________
[5/39-41]				[5/42-45]

14. **What was this student's status at the end of school year indicated on the cover sheet?**
(PLEASE CIRCLE ONE NUMBER)

1 Graduated
2 Exceeded the school age limit

(PLEASE ANSWER QUESTION 15)

3 Completed the school year and promoted to the next grade level
4 Completed the school year, but not promoted to the next grade level
5 Dropped out
6 Permanently expelled
7 Transferred/moved to another school
8 Incarcerated
9 Institutionalized due to handicap
10 Other *(SPECIFY)*______________________________
98 Don't know

(DO NOT ANSWER QUESTION 15)

[5/46-47]

15. Which of the following did the student receive upon leaving school?
(PLEASE CIRCLE ONE NUMBER)

1 Regular diploma
2 Special diploma
3 Other (e.g., certificate of completion) *(SPECIFY)*____________________
____
4 Nothing
8 Don't know

[5/48]

Please use this space to describe special circumstances relating to this student's school record information and any problems you encountered while filling out the abstract form. Explain any missing information.

Question #	Explanation

Thank you for your assistance.

Please mail this completed student record abstract form,
along with any other completed abstract forms, to:

SRI INTERNATIONAL
The National Transition Study
Room BS136
333 Ravenswood Avenue
Menlo Park, CA 94025

CALL DEBRA RICHARDS ON OUR TOLL-FREE NUMBER IF YOU HAVE ANY PROBLEMS OR QUESTIONS REGARDING THE RECORD ABSTRACT PROCESS.

1-800-255-7726

(In California, call 415-859-5278 collect)

INSTRUCTIONS

For Completing the Student Record Abstract Form

Cover Sheet

Take the label from the student list and place it in the space provided. If the name of the school on the label is not the name of the school that the student attended during the 1986-87 school year (or the 1985-86 school year if the student was not in school during 1986-87), or if there is no school name listed, please write the correct school name on the label.

School record information will be gathered from two different school years depending on the student's attendance. 1985-86 data will be used for students who were attending school during this school year but did not return to school during any part of the next school year. 1986-87 data will be used for students attending school during any part of that school year. On the cover sheet, please indicate for which academic year (1985-86 or 1986-87) you are abstracting information for this student. The questions on the abstract form should then be answered for the academic year that you indicate on the cover sheet. If the student label shows a school year, please verify that this is the correct school year that you should be using for this student.

Write your name and the date on the cover sheet.

Questionnaire Items

Q1a. You will most likely find the disabilities listed on the student's Individual Education Plan (IEP). In question 1a, include all disabilities that are indicated on the student's records for the school year for which you are abstracting records. In both questions 1a and 1b, please use the handicap categories listed on the abstract form. If this is not possible, use the "Other" category and give a functional description of the student's disabilities.

Declassified: If the school records indicate that the student was declassified or decertified (i.e., no longer eligible for special education), please circle code 17. Also use this category if the student was declassified in a previous year and was not in special education at all during the school year for which you are abstracting records. If you use the declassified category, you may still circle other disability categories if the student's records show that he/she had a disability in the past.

Q1b. PLEASE DO NOT CIRCLE MORE THAN ONE RESPONSE. Of the responses circled in question 1a, indicate the student's primary disability. Please use the space provided on page 10 to describe any problems with using the handicapping conditions provided on the abstract form.

Q2. Use code 7 for students in an ungraded program.

Q3a. CIRCLE ALL SETTINGS THAT APPLY. Please try to use the educational setting categories listed. When these categories don't fit, circle "Other" and specify the kind of educational setting.

Q3b. PLEASE CIRCLE ONLY ONE SETTING. Of the settings listed in question 3a, indicate the one in which the student spent the greatest portion of time. Note that code 8 is for students who spent an equal time in more than one of the settings circled in question 3a. If you circle code 8, specify the settings.

Q4. The primary course of study refers to the types of classes the student takes most often. By primary course of study, we mean the category of instruction (e.g., college prep, general education, special education) in which the majority of the student's classes fall. Some students take mostly college preparatory classes; others take a general education sequence of courses. There may be other kinds of courses of study in your school/district. If the course of study is not noted on the school records, review the student's transcript for that year to see what courses he/she took. Course sequence numbers or titles sometimes signify the kind of course. If you are not familiar with the courses, ask a staff member who is more familiar with courses how to distinguish college preparatory courses from general education courses, etc. If you cannot determine a primary course of study, use code 8 (Don't Know).

Q5. Most of the information requested in this section can be taken directly from the student transcript. Find the subject group that most closely matches the course content and either use the course types that we have listed or write the name of the course on a blank line. If the same class was taken all year long, list the course only once. Use a separate line for each distinct course. The subject grouping "special education-- undefined" is for special education classes that do not fit into subject categories.

Column A: You may have to estimate the average number of hours per week by multiplying the typical class length (e.g., 50 minutes) by the number of days per week the class met (e.g., 5 days=250 minutes or 4 hours).

Column B: If the school/district uses a different grading period than semesters, explain the time period used on page 10 and use the "Other" column to indicate for how many of these periods the student took each course.

Column C: If the school/district does not use letter grades, explain the grading system on page 10 (e.g., if the students receive "pass" or "fail," explain what constitutes a passing or failing grade) and use the "Other" column. Use the most recent grade if the student received grades for 2 or more grading periods during the school year for the same course (i.e., one grade for each semester/trimester of a year long course). Use "NG" (nongraded) if the student did not receive a grade in the class.

Column D: You may need to look at the student's IEP, in addition to the transcript, to determine if the course was a regular education or special education course. Sometimes code numbers used for course numbers or title will provide this information.

Q6a. Questions 6a and 6b expand on the vocational education course grouping from question 5. Please circle all of the categories of vocational education that apply. If you cannot determine the course contents from the course title, try to get more information (from the IEP, course descriptions, other staff members) on what kind of course it is, so you can complete this question.

Q6b. Please indicate who sponsored the student's vocational education classes or activities listed in question 6a. For example, if the youth received vocational education through a work study program, use the response categories to indicate if the work study was run by the regular high school, a vocational high school, etc.

Q7. You may have to get the attendance information from another source such as the attendance or counseling office. Two response options are given. We prefer that you use the "Days Absent" response. If your school/district does not keep attendance records by the number of days absent, use the "classes absent" response.

Q8. A counseling or attendance office may keep records regarding suspensions. If the student was suspended at any time during the school year, make sure to exclude the days suspended from your answer to Q7 (days absent).

Q9. The IEP should indicate what special services the student received (either from school/district staff or contracted personnel or agencies). Circle all of the services that the student received during the school year indicated on the cover sheet.

Q10. If your school/district does not require a minimum competency or proficiency test at the secondary level (or at any grade level), circle number 3 and skip to question 12. If the district/school administered a minimum competency test at the secondary level, but the student has been exempted from taking the test, circle number 2.

Q11. The transcript may indicate whether or not the student has met all, part, or none of the minimum competency requirements. If the student has satisfied all parts of the minimum competency requirements (even if the test or scoring was modified for the student), circle number 1. If the student has met only part of the requirements, circle number 2 (e.g., if the student must pass three subject tests to graduate and has only passed one or two). Circle number 3 if the student has not met any of the minimum competency requirements. If you cannot determine the student's status regarding the minimum competency requirements, circle number 8 (Don't Know).

Q12. Questions 12 and 13 deal with IQ tests. Please review the IQ test names in the responses for question 12 (WISC-R, WAIS-R, Stanford Binet, PPVT). Look through the student's records beginning with the most recent year and work backwards until you find a score from any of these tests. When you find a score, write the year the test was taken and the form of the test, if indicated (e.g., "F," "Revised," "Grade Level") next to the name of the test. If you cannot find any IQ information or if the student took an IQ test other than the four we've listed, circle number 8 and go to question 14. If you find an IQ score without indication of the test taken, circle number 5, write in the IQ score, and go to question 14.

Q13. Please indicate the IQ score or overall performance score from the the test indicated in question 12. If this test does not show an overall or IQ score, then use the "mental age" or "grade equivalent" categories, if these scores are available.

Q14. Only use number 4, "dropped out" if the records indicate that the student has dropped out of school or if you are certain that he/she dropped out. If a student left your school system before the end of the year and you cannot determine if he/she dropped out, transferred to another school, etc., use number 98 (Don't Know).

Q15. Answer this question only if you circled 1 or 2 (graduated or exceeded the school age limit) in question 14. The IEP or the transcript may indicate if the student received a special diploma or something else, such as a certificate of completion. If you cannot determine what the student received upon graduating or aging out, circle number 8 (Don't Know).

Explanation Sheet

This page should be used to describe problems you had in answering any question on the abstract form for this student. You should also explain any item you were not able to answer due to missing information.

IF YOU HAVE ANY QUESTIONS:

CALL 1-800-255-7726 (TOLL FREE)
(IN CALIFORNIA CALL 415-859-5278 COLLECT)

Appendix C Survey of Secondary Special Education Programs

SRI International

National
Transition
Study

SURVEY OF SECONDARY SPECIAL EDUCATION PROGRAMS

Winter 1987

333 Ravenswood Ave. • Menlo Park, CA 94025
415 326-6200 • TWX: 910-373-2046 • Telex: 334-486

OMB #1820-0546
Expiration 4/88

INSTRUCTIONS: PLEASE READ

This survey is divided into 2 parts. The questions in Section A are background information on your school's students and staffing and are best completed by someone with a school-wide perspective. The remaining sections are best completed by someone with a good day-to-day knowledge of the special education programs provided to secondary students at your school. Although there are several sections to this survey, some of them may not apply to your school. Please review each section and answer only those sections that address the programs and services provided to your school's secondary special education students. By special education students, we mean students with learning, emotional, physical, or sensory handicaps. (If your school serves only handicapped students, special education students would be all students in your school.) By secondary students, we mean those who are in seventh grade or above or who are of equivalent age.

You will notice that some questions refer specifically to the 1986-87 school year and some questions refer to what is typically done at your school. Please read all questions and instructions carefully and thoroughly, and answer each question to the best of your ability.

Please circle only one number for each question unless otherwise indicated. We cannot use your answer if it is between two responses or if you change the wording of the question in any way.

If you have questions about the survey, feel free to call our toll-free number, 800-255-7726. In California, call collect 415-859-5278.

Thank you very much for your help.

This survey is being conducted under contract #300-87-0054 for the Office of Special Education Programs, U.S. Department of Education. For verification, call 202-732-1010.

NOTE: This section includes general questions about the staffing and students of your school and would best be completed by someone with a school-wide perspective.

A. SCHOOL BACKGROUND

A1. Which of the following best describes your school?
(PLEASE CIRCLE ONE NUMBER)

1 School that only serves handicapped or disabled students
2 School primarily for students with a particular interest or talent (e.g., the arts, science and technology)
3 Vocational technical school
4 Continuation or alternative school
5 General or comprehensive school that serves a wide variety of students with a variety of educational programs
6 Another type of school *(PLEASE DESCRIBE)* ____________________________

[1/8]

A2. What grade levels are taught at your school?
(PLEASE CIRCLE ALL THAT APPLY)

0 Primary grades (K to 5)
1 Sixth grade
2 Seventh grade
3 Eighth grade
4 Ninth grade
5 Tenth grade
6 Eleventh grade
7 Twelfth grade
8 Ungraded special education classes
9 None of these *(STOP; PLEASE RETURN QUESTIONNAIRE IN ENVELOPE PROVIDED)*

[1/9-18]

A3. About what percentage of all students in your school belong to each of the following ethnic groups? *(PLEASE GIVE YOUR BEST ESTIMATE)*

a. _______% White (non-Hispanic)
b. _______% Black (non-Hispanic)
c. _______% Hispanic (Spanish speaking or Spanish surnamed)
d. _______% Asian or Pacific Islander
e. _______% American Indian/Alaskan Native
100%

[1/19-29]

A4. About what percentage of your school's students are from low income families (e.g., receiving AFDC or having a child in the school lunch program)?
(PLEASE CIRCLE ONE NUMBER)

1 Less than 10%
2 10% to 25%
3 26% to 50%
4 Over 50%

[1/30]

A5. Of the students who enter your school, about what percentage usually graduate from high school? *(PLEASE GIVE YOUR BEST ESTIMATE)*

997 Does not apply, school doesn't serve grade 12 *(PLEASE GO TO QUESTION A7)*

_____________% Percentage of students who graduate *(PLEASE ANSWER QUESTION A6)*

[1/31-33]

A6. Please estimate the percentage of seniors from your school who will accomplish each of the following upon leaving school: *(PLEASE GIVE YOUR BEST ESTIMATE)*

a. ______% Enlist in the military

b. ______% Attend a postsecondary trade or technical school

c. ______% Attend college (2- or 4-year)

[1/34-39]

A7. What is the average daily attendance of students at your school?

____________________ Student ADA

[1/40-43]

A8. Please indicate which of the following compensatory education programs are available to secondary students (grades 7-12 or equivalent ages) at your school? *(PLEASE CIRCLE ALL THAT APPLY)*

1 Chapter 1 or Title 1

2 English as a second language/bilingual education

3 State compensatory programs (e.g., basic skills)

4 Other compensatory programs *(PLEASE DESCRIBE)*_______________________

[1/44-47]

A9. About how many full-time equivalent (FTE) professional (nonclerical) special education staff serve special education students in your school, including staff that may be district-based? By special education staff, we mean staff who primarily serve handicapped students. *(PLEASE GIVE YOUR BEST ESTIMATE)*

_______Number of FTE professional special education staff

[1/48-50]

A10. About how many secondary special education students attend your school, including speech impaired and those mainstreamed in regular classrooms? *(PLEASE GIVE YOUR BEST ESTIMATE)*

______________ Number of secondary special education students in the school

[1/51-54]

A11. About how many secondary special education students fall into each of the following disability categories?
(PLEASE CLASSIFY STUDENTS BY THEIR PRIMARY DISABILITY; PLEASE DO NOT PUT STUDENTS IN MORE THAN ONE CATEGORY)

997 Does not apply; school does not categorize special education students

a. ________ Learning disabled
b. ________ Speech/language impaired (students with speech as their only disability)
c. ________ Mentally retarded
d. ________ Orthopedically or physically impaired
e. ________ Emotionally disturbed, behavior disordered
f. ________ Hard-of-hearing
g. ________ Deaf
h. ________ Visually handicapped
i. ________ Deaf and blind
j. ________ Multiply handicapped
k. ________ Other health impaired
l. ________ Other *(PLEASE DESCRIBE)*________________________________
m. ________ Other *(PLEASE DESCRIBE)*________________________________
________ TOTAL *(SHOULD EQUAL ANSWER IN QUESTION A10)*

[2/8-50]

A12. For each of the following, please indicate whether your school usually makes these services available to its secondary special education students who need them.
(PLEASE CIRCLE ONE NUMBER IN EACH ROW)

	Yes	No	No Student Needs It
a. Speech or communication therapy	1	2	3
b. Physical therapy	1	2	3
c. Occupational therapy	1	2	3
d. Hearing-loss therapy	1	2	3
e. Psychotherapy or counseling for disability-related problems	1	2	3
f. Other medical services (e.g., physical exams, catheterization)	1	2	3
g. Adaptive physical education	1	2	3
h. Social work	1	2	3
i. Special transportation	1	2	3
j. Human aides or tutors	1	2	3
k. Physical aids (e.g., hearing aid)	1	2	3

[2/51-61]

IF YOUR SCHOOL HAS ONLY STUDENTS WITH DISABLILITIES, PLEASE GO TO SECTION B

A13. In the 1986-87 school year, about what percentage of your school's secondary regular education staff received inservice training or participated in workshops about special education?
(PLEASE CIRCLE ONE NUMBER)

1 None

2 1%-10%

3 11%-25%

4 26%-50%

5 More than 50%

[2/62]

NOTE: The remaining sections should be completed by someone with a good day-to-day knowledge of your school's secondary-level special education program. Sections B through I concern vocational programs and life skills training for secondary special education students. These programs may be provided at your school or provided by your school, but at another location (e.g., a vocational center). The last sections deal with your school's special education policies and practices.

B. LIFE SKILLS TRAINING

B1. In the 1986-87 school year, were life skills or self-care programs provided to your school's secondary special education students? Life skills training may include, for example, training in cooking, managing money, or clothing oneself.
(PLEASE CIRCLE ONE NUMBER)

1 Yes *(PLEASE ANSWER QUESTION B2)*

2 No *(PLEASE GO TO SECTION C)*

[2/63]

B2. Which of the following statements best characterizes the types of secondary students who receive life skills training at your school?
(PLEASE CIRCLE ONE NUMBER)

"Life skills training is..."

1 Provided routinely to both regular and special education students

2 Provided routinely only to special education students

3 Provided routinely only to students with certain disabilities *(PLEASE SPECIFY DISABILITY GROUPS)*________________________________

4 Provided only occasionally to special education students

5 Rarely or never provided to special education students

[2/64]

B3. In what grade(s) is life skills training usually provided to secondary special education students at your school?
(PLEASE CIRCLE ALL THAT APPLY)

1	Seventh grade	5	Eleventh grade
2	Eighth grade	6	Twelfth grade
3	Ninth grade	7	Ungraded special education classes
4	Tenth grade		

[2/65-71]

B4. For the following types of special education students, please indicate which areas your school typically includes in their life skills training. *(IF YOUR SCHOOL DOES NOT HAVE A PARTICULAR KIND OF STUDENT, PLEASE CIRCLE "0" AT THE TOP OF THE APPROPRIATE COLUMN; PLEASE CIRCLE ALL THAT APPLY IN EACH COLUMN)*

	Mildly Learning Handicapped	Sensory and Physically Handicapped	Severely Handicapped
SCHOOL HAS NO SUCH STUDENTS	0	0	0
a. Telling time	1	2	3
b. Managing time to accomplish daily activities	1	2	3
c. Counting money and making change	1	2	3
d. Budgeting for personal expenses	1	2	3
e. Toileting	1	2	3
f. Feeding oneself	1	2	3
g. Dressing oneself appropriately	1	2	3
h. Purchasing and caring for clothing	1	2	3
i. Buying and preparing foods	1	2	3
j. Housekeeping skills	1	2	3
k. Setting reasonable goals and evaluating progress	1	2	3
l. Appropriate social interactions	1	2	3
m. Conflict management	1	2	3
n. Using available transportation	1	2	3
o. Taking part in group recreation activities	1	2	3
p. Using community resources such as libraries or recreation facilities	1	2	3
q. Expressing feelings and understanding others	1	2	3
r. Accepting and giving praise and criticism	1	2	3
s. Foreseeing consequences of own acts	1	2	3
t. Problem-solving skills	1	2	3

[3/8-70]

B5. About how often does a secondary special education student's life skills training include community-based experiences or trips into the community, such as to stores, restaurants, or recreation facilities? *(PLEASE CIRCLE ONE NUMBER)*

1 Rarely, if at all
2 A few times a year
3 Monthly
4 A few times a month
5 Weekly
6 A few times a week
7 Daily

[3/71]

C. VOCATIONAL EDUCATION PROGRAMS

C1. When secondary special education students are placed in regular vocational education classes, which of the following accommodations, if any, are usually made for students who need them? *(PLEASE CIRCLE ALL THAT APPLY)*

0 Not applicable, school serves only disabled students or handicapped students are not placed in regular vocational education classes

1 Physical accommodations or equipment modifications are made for students who need them

2 Teacher contact with students is increased

3 Human aides are provided

4 Classroom instruction is broken into simpler components

5 Other accommodations *(PLEASE DESCRIBE)* ____________________________

____

[3/72-77]

C2. In the 1986-87 school year, did your school have any vocational education classes that were specifically designed for secondary special education students?

1 Yes
2 No

[3/78]

C3. About what percentage of the time in vocational courses do secondary special education students typically spend in each of the following types of activities? *(PLEASE GIVE YOUR BEST ESTIMATE)*

___% Classroom instruction

___% Work experience at school (e.g., in the cafeteria)

___% Supervised work experience outside of school or other supervised community-based experiences (e.g., a work-study job at a private employer, sheltered workshop)

___% Other
100%

[4/8-19]

D. VOCATIONAL ASSESSMENT AND OTHER CAREER COUNSELING

D1. In the 1986-87 school year, was career or job counseling provided to secondary special education students at your school? By career or job counseling we mean vocational asssessment or other help in identifying jobs students may be suited to.

1 Yes *(PLEASE ANSWER QUESTION D2)*
2 No *(PLEASE GO TO SECTION E)*

[4/20]

D2. Which of the following statements best characterizes the types of secondary students who receive vocational assessment or career counseling? *(PLEASE CIRCLE ONE NUMBER)*

"Career counseling is..."

1 Provided routinely to both regular and special education students
2 Provided routinely only to special education students
3 Provided routinely only to students with certain disabilities *(PLEASE SPECIFY DISABILITY GROUPS)*___________________
4 Provided only occasionally to special education students
5 Rarely or never provided to special education students

[4/21]

D3. In what grade(s) is vocational assessment or career counseling usually provided to secondary special education students. *(PLEASE CIRCLE ALL THAT APPLY)*

1 Seventh grade
2 Eighth grade
3 Ninth grade
4 Tenth grade
5 Eleventh grade
6 Twelfth grade
7 Ungraded special education classes

[4/22-28]

D4. Which of the following does your school usually do in career counseling? *(PLEASE CIRCLE ALL THAT APPLY)*

1 Use a formal assessment of student skills or interests

2 Give students information about various careers

3 Recommend specific careers students might be suited to

4 Recommend specific training or education to prepare for a career

5 Give students information about colleges or training programs with special accomodations for students with disabilities

6 None of the above

[4/29-34]

E. WORK ADJUSTMENT OR JOB READINESS TRAINING

E1. In the 1986-87 school year, was work adjustment or job readiness training provided to secondary special education students at your school? By job readiness training we mean training in work behaviors such as punctuality and how to get along with coworkers.

1 Yes *(PLEASE ANSWER QUESTION E2)*

2 No *(PLEASE GO TO SECTION F)*

[4/35]

E2. Which statement best characterizes the types of secondary students who receive job readiness training? *(PLEASE CIRCLE ONE NUMBER)*

"Job readiness training is..."

1 Provided routinely to both regular and special education students

2 Provided routinely only to special education students

3 Provided routinely only to students with certain disabilities *(PLEASE SPECIFY DISABILITY GROUPS)*______________________________

4 Provided only occasionally to special education students

5 Rarely or never provided to special education students

[4/36]

E3. In what grade(s) is job readiness training usually provided to secondary special education students? *(PLEASE CIRCLE ALL THAT APPLY)*

1 Seventh grade

2 Eighth grade

3 Ninth grade

4 Tenth grade

5 Eleventh grade

6 Twelfth grade

7 Ungraded special education classes

[4/37-43]

E4. Which of the following are usually covered in your school's job readiness training?
(PLEASE CIRCLE ALL THAT APPLY)

1 How to talk to or get along with supervisors or coworkers

2 The importance of regular attendance and punctuality on the job

3 How to dress and groom oneself for work

4 Production skills, such as doing a job at the appropriate speed for the required amount of time

5 Job-related practices such as the use of insurance, what to do when sick, using a time clock, or job safety

6 Job-related skills, such as counting change or telephone manners

7 Use of transportation to get to work

8 Other areas *(PLEASE DESCRIBE)*________________________________

____

[4/44-51]

F. WORK EXPLORATION/EXPERIENCE

F1. In the 1986-87 school year, was work exploration or experience provided to secondary special education students at your school? By work exploration we mean short-term, on-the-job work experience.

1 Yes *(PLEASE ANSWER QUESTION F2)*

2 No *(PLEASE GO TO SECTION G)*

[4/52]

F2. Which of the following statements best characterizes the types of secondary students that receive work exploration?
(PLEASE CIRCLE ONE NUMBER)

"Work exploration is..."

1 Provided routinely to both regular and special education students

2 Provided routinely only to special education students

3 Provided routinely only to students with certain disabilities *(PLEASE SPECIFY DISABILITY GROUPS)*________________________________

4 Provided only occasionally to special education students

5 Rarely or never provided to special education students

[4/53]

F3. In what grade(s) is work exploration usually provided to secondary special education students?
(PLEASE CIRCLE ALL THAT APPLY)

1 Seventh grade

2 Eighth grade

3 Ninth grade

4 Tenth grade

5 Eleventh grade

6 Twelfth grade

7 Nongraded special education classes

[4/54-60]

G. SPECIFIC JOB SKILLS TRAINING

G1. In the 1986-87 school year, was specific job skills training provided to secondary special education students at your school? By specific job skills training we mean training in a specific trade, such as car repair or clerical work.

1 Yes *(PLEASE ANSWER QUESTION G2)*

2 No *(PLEASE GO TO SECTION H)*

[4/61]

G2. Which of the following statements best characterizes the types of secondary students who receive specific job skills training? *(PLEASE CIRCLE ONE NUMBER)*

"Specific job skills training is..."

1 Provided routinely to both regular and special education students

2 Provided routinely only to special education students

3 Provided routinely only to students with certain disabilities *(PLEASE SPECIFY DISABILITY GROUPS)*____

4 Provided only occasionally to special education students

5 Rarely or never provided to special education students

[4/62]

G3. In what grade(s) is job skills training usually provided to secondary special education students? *(PLEASE CIRCLE ALL THAT APPLY)*

1 Ninth grade

2 Tenth grade

3 Eleventh grade

4 Twelfth grade

5 Ungraded special education classes

[4/63-67]

H. JOB DEVELOPMENT AND PLACEMENT SERVICES

H1. In the 1986-87 school year, did your school provide job development or placement services to secondary special education students? By job development services, we mean that someone from your school contacted employers to develop or identify job opportunities specifically for special education students. By job placement services, we mean that someone from your school helped special education students get a job.

1 Yes *(PLEASE ANSWER QUESTION H2)*

2 No *(PLEASE GO TO SECTION I)*

[4/68]

H2. In the 1986-87 school year, did your school have a staff member who was responsible for finding jobs specifically for special education students (this can include itinerant staff)?

1 Yes

2 No

[4/69]

H3. Which of the following statements best characterizes the types of secondary students who receive job development or placement services? *(PLEASE CIRCLE ONE NUMBER)*

"Job development or placement services are..."

1 Provided routinely to both regular and special education students

2 Provided routinely only to special education students

3 Provided routinely only to students with certain disabilities *(PLEASE SPECIFY DISABILITY GROUPS)*____

4 Provided only occasionally to special education students

5 Rarely or never provided to special education students

[4/70]

H4. In what grade(s) are job development or placement services usually provided to secondary special education students? *(PLEASE CIRCLE ALL THAT APPLY)*

1 Tenth grade

2 Eleventh grade

3 Twelfth grade

4 Ungraded special education classes

[4/71-74]

H5. In the 1986-87 school year, did someone from your school discuss with potential employers how special education students' disabilities might be accommodated on the job, for example, how physical changes might be made to the workplace, or how supervision might be provided to help special education students to work effectively?

1 Yes

2 No

[4/75]

H6. Which of the following services are typically part of your school's job placement activities for special education students? *(PLEASE CIRCLE ALL THAT APPLY)*

1 Referrals to potential employers

2 Transportation to or from interviews

3 Training in interviewing skills

4 Reviewing interview experiences

5 Preparation of a resume

6 Working with employers to modify jobs for special education students

7 Job clubs

[5/8-14]

H7. a. In the 1986-87 school year, about how many secondary special education students received job placement services? *(PLEASE GIVE YOUR BEST ESTIMATE IN COLUMN A)*

b. Of the students given job placement services, about how many were actually placed in a job? *(PLEASE GIVE YOUR BEST ESTIMATE IN COLUMN B)*

a Number of special education students receiving job placement services	b Number of special education students placed in jobs
____________	____________

[5/15-22]

H8. What is typically the most important factor in selecting jobs when placing special education students in jobs?
(PLEASE CIRCLE ONE NUMBER)

1 Job openings are readily available for the kind of work
2 Good opportunity for continued employment doing the kind of work
3 School has worked with the employers in the past
4 Youth's ability or interest in the kind of work
5 Youth's prior experience/training in the field
6 Experience in the field is standard in the special education program

[5/23-28]

H9. a. About how many of your school's secondary special education students were placed in a sheltered workshop in the 1986-87 school year? By sheltered workshop we mean a place where most of the other workers also are disabled. *(PLEASE GIVE YOUR BEST ESTIMATE IN COLUMN A)*

b. About how many were placed in other supported work? Other supported work means jobs not in sheltered workshops that are for the handicapped who need support to perform on the job or who are unlikely to find competitive employment at or above minimum wage. *(PLEASE GIVE YOUR BEST ESTIMATE IN COLUMN B)*

a. Number placed in sheltered workshop	b. Number placed in other supported employment
____________	____________

[5/29-36]

I. POST-EMPLOYMENT SERVICES

I1. In the 1986-87 school year, were post-employment services provided to secondary special education services at your school? By post-employment services we mean follow-up services to employers or employees to help special education students keep their jobs.

1 Yes *(PLEASE ANSWER QUESTION I2)*
2 No *(PLEASE GO TO SECTION J)*

[5/37]

I2. In what grade(s) are post-employment services usually provided to special education students?
(PLEASE CIRCLE ALL THAT APPLY)

1 Tenth grade
2 Eleventh grade
3 Twelfth grade
4 Ungraded special education classes

[5/38-41]

I3. In the 1986-87 school year, did someone from your school contact either special education students after they got a job, or their employers, to find out how well they were doing on the job?
(PLEASE CIRCLE ONE NUMBER)

1 Contacted only students after they got a job

2 Contacted only employers after they hired special education students

3 Contacted both students and employers

4 Did not contact either students or employers

[5/42]

I4. On average, about how long does someone from your school maintain contact with employers after special education students are placed with them?
(PLEASE WRITE YOUR BEST ESTIMATE ON THE LINE PROVIDED AND CIRCLE ONE NUMBER)

1 Days
______ Number of 2 Weeks
3 Months
4 Years

[5/43-44] [5/45]

NOTE: The next sections are about policies and practices that may affect secondary special education students in your school.

J. IEP PRACTICES

J1. About how often are individuals from community service agencies (e.g., Mental Health or the State Vocational Rehabilitation Agency) involved in the IEP process for secondary special education students at your school?
(PLEASE CIRCLE ONE NUMBER)

1 Hardly ever
2 Some of the time
3 Most of the time
4 Always

[5/46]

J2. About how often does the IEP for seniors include goals that directly focus on the period after secondary school (e.g., application to postsecondary education or an adult service agency)?
(PLEASE CIRCLE ONE NUMBER)

0 Does not apply, school doesn't serve grade 12

1 Hardly ever

2 Some of the time

3 Most of the time

4 Always

[5/47]

J3. Which of the following best describes your school's primary function in serving its learning handicapped secondary students (e.g., LD, EMR)?
(PLEASE CIRCLE ONE NUMBER)

0 Does not apply; school does not serve the learning handicapped.

"The school's primary function in serving the learning handicapped is..."

1 Teaching academic skills so that students fulfill course requirements and can graduate with their nonhandicapped peers

2 Developing individuals with independent living skills so they can make their way in the adult world

3 Training students for competitive employment after they leave school

4 Other *(PLEASE DESCRIBE)*______________________________________

[5/48]

IF YOUR SCHOOL HAS ONLY STUDENTS WITH DISABILITIES, PLEASE GO TO SECTION L

K. MAINSTREAMING

K1. Which of the following placement options did your school have for secondary special education students in the 1986-87 school year?
(PLEASE CIRCLE ALL THAT APPLY)

1 Regular education classrooms

2 Part-time resource room for special education students

3 Pull-out or itinerant services, such as speech therapy

4 Self-contained classrooms

5 Other placements *(PLEASE DESCRIBE)*________________________________

[5/49-53]

K2. When your school mainstreams special education students, are they usually expected to keep up with the rest of the class without special help?

1 Yes

2 No

[5/54]

K3. Which of the following is available to regular education teachers when special education students are mainstreamed into their classes? *(PLEASE CIRCLE ALL THAT APPLY)*

1 Consultation services by special education or other staff
2 Special materials to use with the mainstreamed students
3 Inservice training on the needs of the mainstreamed students
4 Human aides
5 Smaller student load or class size
6 None of the above

[5/55-60]

L. COORDINATION

L1. Which of the following best characterizes the curriculum for mildly learning impaired special education students in your school? *(PLEASE CIRCLE ONE NUMBER)*

0 Does not apply; school does not serve the mildly learning impaired
1 The special education curriculum is generally coordinated with or parallel to the regular education curriculum
2 Special education staff generally develop a different curriculum from regular education
3 Other *(PLEASE DESCRIBE)* ____________________________

[5/61]

L2. Do secondary special education students at your school typically have a case manager or a person assigned to them who is responsible for coordinating the services they receive?

1 Yes
2 No

[5/62]

L3. About how often do special education personnel have contact with staff from each of the following agencies? *(PLEASE CIRCLE ONE NUMBER IN EACH ROW)*

	Hardly Ever	Once a School Year	A Couple of Times a School Year	Monthly	Weekly	Don't Know
a. The State Vocational Rehabilitation Agency	1	2	3	4	5	8
b. Developmental Disabilities	1	2	3	4	5	8
c. Vocational schools	1	2	3	4	5	8
d. Colleges	1	2	3	4	5	8
e. Mental health agencies	1	2	3	4	5	8
f. Social service agencies	1	2	3	4	5	8

[5/63-68]

IF YOUR SCHOOL DOES NOT SERVE GRADES 10-12 OR EQUIVALENT AGES, PLEASE GO TO QUESTION L6

L4. Which of the following occur as a result of your school's interactions with the State Vocational Rehabilitation Agency?
(PLEASE CIRCLE ALL THAT APPLY)

0 Nothing

1 School district staff refer special education students to Vocational Rehabilitation programs or services

2 Vocational Rehabilitation staff are involved in the development of student IEPs

3 Vocational Rehabilitation staff do vocational assessments for students

4 Vocational Rehabilitation staff are assigned to your school for ongoing work with special education students

5 Vocational Rehabilitation and school staff jointly develop programs or services for special education students

6 Other *(PLEASE DESCRIBE)*____________________________________

____

[5/69-75]

L5. About how often does someone from your school work with adult service agencies or postsecondary schools to prepare for the transition of secondary special education students from your school to their program?
(PLEASE CIRCLE ONE NUMBER)

1 Never

2 Seldom

3 Usually

4 Always

[5/76]

L6. When a secondary special education student becomes a client of a service agency, about how often do any of the following activities occur?
(PLEASE CIRCLE ONE NUMBER IN EACH ROW)

	Never	Seldom	Usually	Always
a. Student files and records are provided to the agency	1	2	3	4
b. Student needs and programs are discussed by agency staff and your staff	1	2	3	4

[5/77-78]

L7. When a secondary special education student transfers from your school to another school, about how often does your school do the following activities?
(PLEASE CIRCLE ONE NUMBER IN EACH ROW)

	Never	Seldom	Usually	Always
a. Transfer IEPs between schools.	1	2	3	4
b. Transfer student files and records to the other school.	1	2	3	4
c. Discuss student needs and programs with staff from the other school.	1	2	3	4

M. SUSPENSION/EXPULSION POLICIES

[6/8-10]

M1. Can secondary-age special education students be suspended or expelled from your school?
(PLEASE CIRCLE ONE NUMBER)

1 Special education students can only be suspended

2 Special education students can only be expelled

3 Special education students can be both suspended and expelled

4 Special education students cannot be suspended or expelled *(PLEASE GO TO SECTION N)*

[6/11]

M2. Does your school arrange alternative services or placements for suspended or expelled secondary-age special education students?

1 Yes

2 No

[6/12]

IF YOUR SCHOOL HAS ONLY STUDENTS WITH DISABILITIES, PLEASE GO TO QUESTION N5.

N. GRADING/GRADUATION POLICIES

N1. Which of the following statements best describes your school's practice for grading secondary special education students who have been placed in regular education classes?
(PLEASE CIRCLE ONE NUMBER)

"Special education students in regular education classes are..."

1 Given grades that are based on the same standards as grades given regular education students

2 Given grades that are based on a different standard than regular education students

3 Not graded in these classes

4 Other *(PLEASE DESCRIBE)*________________________________

[6/13]

N2. Which of the following statements best describes your school's practice for grading secondary special education students attending special education classes?
(PLEASE CIRCLE ONE NUMBER)

"Special education students in special education classes are..."

1 Given grades that are based on the same standards as grades given regular education students

2 Given grades that are based on a different standard than regular education students

3 Not graded in these classes

4 Other *(PLEASE DESCRIBE)*____

[6/14]

IF YOUR SCHOOL DOES NOT SERVE GRADES 10-12 OR EQUIVALENT AGES, PLEASE GO TO SECTION P

N3. Which of the following statements best describes your school's practice for issuing regular diplomas to special education students?
(PLEASE CIRCLE ONE NUMBER)

"To receive a regular diploma..."

1 All or most special education students are required to meet the same standards or criteria as regular education students

2 Only some special education students (such as those with certain disabilities) are required to meet the same standards or criteria as regular education students

3 Special education students are not required to meet the same standards or criteria as regular education students

[6/15]

N4. Does your school give a special diploma or certificate to special education students who don't meet the same standards or criteria as regular education students?

1 Yes

2 No

[6/16]

N5. In your school, do high school students have to pass a minimal competency test to obtain a regular diploma?

1 Yes *(PLEASE ANSWER QUESTION N6)*

2 No *(PLEASE GO TO SECTION O)*

[6/17]

N6. To obtain a regular diploma, are all, some, or none of your secondary-age special education students exempted from the minimal competency test?

1 All *(PLEASE GO TO SECTION O)*

2 Some *(PLEASE ANSWER QUESTION N7)*

3 None *(PLEASE ANSWER QUESTION N7)*

[6/18]

N7. Which of the following statements best characterizes your school's practice regarding minimal competency tests for special education students who take them?
(PLEASE CIRCLE ALL THAT APPLY)

"When taking a minimal competency test, special education students are..."

1 Required to follow the same procedures and meet the same standards for successful completion as regular education students

2 Provided special assistance in taking the test

3 Provided with a modified version of the test

4 Allowed to meet different standards for successful completion than regular education students

[6/19-22]

O. TRANSITION PROGRAMS

O1. In the 1986-87 school year, did your school have a special program specifically designed to help the transition of special education students from school to adult life, such as a state- or federally-sponsored model program?

1 Yes *(PLEASE ANSWER QUESTION O2)*

2 No *(PLEASE GO TO SECTION P)*

[6/23]

O2. About how many years has your school had a special transition program?
(PLEASE GIVE YOUR BEST ESTIMATE)

____________ Number of years

[6/24-25]

P. COMMUNITY RESOURCES

P1. Are the following types of schools available in your community? *(PLEASE CIRCLE ONE NUMBER IN EACH ROW)*

	Yes	No	Don't Know
a. Special education schools serving secondary-age students	1	2	8
b. Alternative or continuation secondary schools, such as schools for potential dropouts	1	2	8
c. Vocational schools only for secondary-age special special education students	1	2	8
d. Vocational technical high schools (secondary schools emphasizing technical training, as in auto mechanics)	1	2	8
e. Magnet secondary schools emphasizing a particular profession, such as health, engineering, or the arts	1	2	8
f. Postsecondary institutions (vocational or trade schools, junior colleges, or 4-year colleges) that have special programs for the handicapped	1	2	8

[6/26-31]

P2. Does your community have the following resources? *(PLEASE CIRCLE ONE NUMBER IN EACH ROW)*

	Yes	No	Don't Know
a. Work facilities mainly for handicapped adults, such as sheltered workshops or work activity centers	1	2	8
b. Group homes or halfway houses for handicapped adults	1	2	8
c. Publicly-supported job training programs (e.g., Job Training Partnership Act, Projects with Industry)	1	2	8
d. Centers for independent living	1	2	8
e. Advocacy groups for the handicapped (e.g., the Association for Retarded Citizens)	1	2	8
f. Support groups or social groups for the handicapped	1	2	8
g. Special accommodations for the handicapped on public transportation, such as kneeling buses or special vans	1	2	8

[6/32-38]

THANK YOU VERY MUCH FOR YOUR PARTICIPATION

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE IN THE ENCLOSED POSTAGE-PAID ENVELOPE TO:

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